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ART. I.—*A Severe Case of Hæmoptysis successfully treated with Tincture of Iron.* By ISAAC REMINGTON, M. D., Philadelphia.

J. W. C., aged about thirty-six years, married, of scrofulous habit and consumptive tendencies, having had occasional hemorrhages from the lungs during the past fifteen years of his life, was attacked with Hæmoptysis, on the 3d of March, 1857. On applying for advice, I prescribed tannin, combined with ipecac. and opium, in form of pill, and directed one every two hours, recommending a state of rest and inaction, both of the lungs and body, by carefully abstaining from loud speaking and all bodily exercise. From over exertion in going up and down stairs, and continuing at his occupation of superintending a number of sewing machines, the hemorrhage rapidly increased, so that it became necessary to employ other remedies—to enjoin a state of absolute rest in a recumbent posture—rigidly to enforce a refrigerant regimen, with cooling drinks, potas. nit., v. s., &c.; and with a view to divert action from the affected organs, we directed a warm, stimulating foot bath, with warm applications to the extremities.

Notwithstanding the observance of the above treatment, the returns of hemorrhage, which were of a bright arterial hue, became more frequent, abundant and alarming in their character. The ruptured vessels pouring out their contents into the air passages, would excite irritation and cough by the presence of the effused blood, which of course was expelled with force, causing a recurrence of the hemorrhage at irregular intervals of half an hour or one hour.

Homœopathy was now had recourse to, and after four or five

days consumed in the unavailing employment of its *non entities*, I was again solicited to take charge of the case (the patient and his friends fully expecting it would terminate fatally,) on condition that there was to be no further interference on the part of friends, and that my prescriptions and advice should be implicitly followed, I reluctantly resumed attendance.

March 10.—Visit 9 o'clock A. M. I ordered *Tr. Ferri Mur.*, gtt. x, every hour in sweetened water, and to suck a raw egg every two hours. At my visit at 6 o'clock P. M., the hemorrhage recurring very profusely, I administered gtt. xl at one dose. No discharge took place till five o'clock next morning, at which time I was called up for advice.

11.—At 12 o'clock M., my friend Dr. Gilbert saw the case with me in consultation. Our patient continued to experience occasional returns of hemorrhage during the day, although the dose of the iron was augmented to xx gtt. every two hours.

12.—Visit 9 o'clock, A. M. Some improvement apparent. Had a return of hemorrhage at 11 A. M. Met Dr. G. at 12. Agreed to continue tinct. ferri mur., suck raw eggs, to give the iron in gum water as a vehicle, to give ice cream, and occasionally ice. At 4 P. M. there was a slight return of hemorrhage.

13.—A slight return of hemorrhage at 4 A. M. Visit in consultation at 12 o'clock M. Agreed to give gtt. xx tr. ferri mur., every hour. Visit 5 P. M., continues to improve; visit 10 P. M., no return of hemorrhage, pulse much improved. The longest interruption of the hemorrhage now occurred, affording an encouraging prognosis.

14.—Visit 9 o'clock A. M. A slight return of hæmoptysis at 4 A. M., which is but once in twenty-four hours. Visit 5 P. M.; takes gtt. xxx of the iron every two hours in gum water, takes raw eggs, oysters, ice cream, farina, ice, etc., as diet. Improvement progressive—pulse fuller, slower and stronger, respiration easier and more profound. Patient is able now to lie on his right side, after maintaining a sitting, upright posture for ten days. Bowels moved once in four or five days by enemata.

16.—No return of hemorrhage to report; and from this date forward he continued to convalesce rapidly and perfectly.

19.—Pills of *ferri, ext. quas.* and *rhei* were substituted for tinct. ferri mur.

March 24th our patient left his bed, and in a few days was able to walk out for the benefit of exercise in the open air.

The amount of blood discharged during this attack of hæmoptysis, lasting about ten days, could not have been estimated at less than one gallon.

So profuse a hemorrhage occurring in a constitution impaired by frequent previous attacks, associated with a strong and well-marked hereditary predisposition to phthisis, and to eventuate in recovery by the use of *Tr. Ferri Mur.*, affords us a high degree of satisfaction; and with the hope that its details might prove not altogether devoid of interest, we submit it for publication.

ART. II.—*A Case of Difficult Labor; the Child Weighing Sixteen Pounds.* By F. S. JAQUETT, M. D., Philadelphia.

I WAS summoned on the 13th of May, 1858, at 6 o'clock A. M., to Mrs. H****, whom I had been engaged to attend. About two years previously she had been delivered with difficulty, by the forceps, of a very large child. Upon the present occasion I found that she had arrived at the full term of gestation: the pains were strong and tolerably frequent; labor had commenced early on the preceding evening, and the pains, she stated, had been strong all night. After my arrival the pains became weaker and the interval between them longer. By 12 M. the os uteri was fully dilated and the membranes were ruptured: the pains occurred at long intervals, but were weak. The patient now became clamorous for the use of the forceps. As she was a strong, hearty Irish woman, I determined to wait for a while before resorting to them. At about 4 P. M. the pain had almost entirely ceased, the head was at the superior strait of the pelvis, not having made any advance whatever for several hours, and I became convinced of the necessity of using the forceps. I employed Davis's short forceps, which were applied without difficulty, but upon making efforts at traction they slipped. This occurring several times, I laid them aside and sent for Prof. D. Gilbert, who employed a modification of Dr. Bethel's forceps. After considerable difficulty the child was delivered; it was still-born. Being astonished at the size of the

child, we proceeded to weigh it, and found its weight to be *sixteen pounds*. All attempts at resuscitation proved fruitless. The placenta was very firmly adherent to the fundus of the uterus. This organ was in a state of inertia, its contractile power being apparently exhausted. I introduced my hand into its cavity and peeled off the placenta: there was a great tendency to hemorrhage. Retaining one hand in the uterus, with the other I manipulated the abdomen over the fundus of the uterus, in order to excite contraction. Several doses of ergot were administered, and at last the uterus contracted and the hemorrhage ceased. The patient recovered without any bad symptoms.

ART. III.—*A case of Spasmodic Asthma in a Child Five Years Old.*

By GEO. McC. MILLER, M. D., of Brandywine Village, Del.

ON the 7th of August, at 10 o'clock, P. M., I was called to see S. P., a little girl *æt.* five years, who, as the messenger said, "could scarcely get her breath." Upon entering the room and glancing at the patient, it struck me that the case was one of pure uncomplicated asthma—an opinion which was fully substantiated by careful inquiry and examination. Distressing dyspnoea, wheezing respiration, anxious physiognomy, restlessness, an urgent desire for fresh air, and all the other characteristic features of the asthmatic paroxysm were distinctly exhibited. According to her mother's testimony, she had been subject to these visitations for several years—in fact from her infancy. Her attacks occurred almost invariably at night, and usually in a sudden manner, although sometimes heralded by croupy symptoms.

I administered to the interesting little patient two doses of *vin. ipecac*, ʒij each, with an interval of fifteen minutes. Shortly after taking the second dose she vomited freely, and then breathed more comfortably. I directed fifteen drops of *tinct. lobelia* to be given her every hour until her difficulty of breathing should entirely disappear. On my second visit, the following day, she was playing and romping in the yard with her companions, and declared herself quite well.

It is noteworthy that the father of this patient was subject to

asthma, so that she labored under an inherited predisposition to the disease.

The interesting point of this case is the early age at which it occurred. Of course the case is not *unique* in this respect; for such early attacks of asthma are occasionally seen. I report it merely as one of the *rarities* of medical experience.

ART. IV.—*Cholera Infantum*. By N. C. REID, M.D., Philadelphia.

Many years practice and close observation inclines me strongly to the opinion, that the theories, and practice consequent thereon, as promulgated relative to this so-called *disease*, are far from being correct. It is proper that I should here premise that *Cholera Infantum* and Summer Complaint are in my estimation two separate and distinct conditions of the system.

My deductions are that *Cholera Infantum* is simply an atonicity of the sympathetic plexus or nervous centres induced by the oppressive influence of a highly negative electrical atmosphere.

Should the atmosphere be oppressively warm, sultry, *calm*, and negate electrically, for an hour or two, hundreds of infants will be seized with this atonicity. Rice water emesis and dejections will follow, and in a few hours, should this atmospheric condition persist (unless relieved,) the patient will have paid the debt of nature. If the exhaustion has produced collapse, should a positive atmospheric condition ensue, the tenacity of life is so great in infancy, that nature may rally, and attempt a restoration, mostly to be followed by cephalic effusion, to protract their suffering.

The treatment pursued by me accords with my theory, viz:

Acidulated ice water, sponging of the surface of the body, diluted brandy a teaspoonful, containing *gt. i. vel. ij*; of the following—*R. strychniæ, gr. ¼, acidi sulph. aromat. f 3i. solve.*

After every emesis or dejection, as soon as the stomach will bear it, essence of beef in small quantities: the river air, if possible; if not, keep the patient in the open air, rather than the house, and as the mother must be more or less affected by the

same condition, and her mind agitated and distressed, thus vitiating the lacteal secretions, total prohibition of the breast until convalescence has been established. Seventy-eight cases, (a large number of them among the very poor of the Third Ward) were treated in this manner in my practice during the last summer, and the deaths were but three.

Diarrhœa or Summer Complaint as contra-distinguished from Cholera Infantum.—There exists, particularly among the poor, the very pernicious habit of cramming their suckling infants with what is called "table food." The physician remonstrates in vain. Grannies and mothers are wiser than he, and not only persist, but the mothers must themselves partake of all the unripe fruits and vegetables with which the markets at the season abound, so to ensure as it were at least the suffering, if not the death of their beloved idol. This may appear harsh, but is nevertheless true. Many suckling mothers, if not a large proportion, not only keep bad hours, but suffer their tempers to become rampant, and either recline in excessive lassitude or indulge in excess of exercise. Now each and every one of these habits vitiates or poisons the lacteal secretions, and yet none hesitate an instant should the infant cry, to supply this vicious nutriment. These causes, coupled with the depressing atmospheric condition, together with the irritation of teething, must naturally produce an atonic condition of the stomach, wholly unfitted by nature for the herculean tasks it is daily and hourly called upon to perform. From the debility of the organ thus produced, it becomes distended with undigested aliment and flatus, the assimilating organs refuse to perform their action, fever follows as a matter of course, preceded frequently by, or accompanied with convulsions—a symptom never present in *Cholera Infantum*.

Nature at this period, attempts a relief, and either a profuse secretion of the mucous membrane or exosmosis ensues; Hypercatharsis and perhaps emesis supervene to rid the stomach and intestines of the incubus which depresses them; but the *ejecta* is not *rice water*, but undigested food, "green slimy mucous" and acrid secretions.

The slightest attention to these preliminaries unerringly point

to the *modus operandi* of assisting nature to recover or re-establish a healthy tonic action of the digestive organs.

My general treatment is to clear the *primae viae* of irritants, say an *ipêcac* emesis followed by—*R.* ol. ricini, f3ij, vel. iij., ol. caryophyllæ gti.; (a smaller dose gripes without producing the desired effect,) and after its action, which is generally two stools, I prefer giving *R.* Magnes. sulph. 3j., aq. camphor f3j., tr. opii. gtt. viij., aq. font. q. s. a ut. ft. mist. f3iv. s. a teaspoonful every two hours.

When the liver refuses to supply its quota, fel. bovin. inspiss., gr. $\frac{1}{2}$ ter die will suffice until the torpidity ceases, which may be roused by gtt. i. or ij. acidi sulph. dilut. in vini gallici dil. every two or three hours, (not calomel to increase atonicity.)

Let the aliment be essence of beef, chicken-water or jellies, hematosin dried and compounded with sugar and capsicum: no farinaceous articles of any kind, and total abstinence from the breast, but if these articles should be rejected by the stomach, and milk become necessary, let it be cow's milk, fresh, with a solution of gum arabic or gluten to prevent a too firm coagulum.

If there be no fever and the skin presents a moisture and the stools still have a watery character, I direct a few grs. of gallic acid and pulv. cinnam. vel. caryophyl. to be given after each dejection, until these become of a pasty consistency.

If tormina from flatulency, an enema of ol. tereb. et lac assafoet., the stimulating and sedative effects generally quiet the little sufferer.

When the gums are dry, hot, and swollen, I lance freely and bathe with some soothing lotion, say tr. opii. camph. or Godfrey's cordial applied with the fingers frequently.

Under such treatment if the mother carries out my instructions, I never have a chronic case, but if called to a chronic case, unless the brain exhibited unmistakable signs of congestion or meningitis and strabismus be present, I should pursue the same course of treatment.

In many unpromising cases of *tabes mesenterica*, I have been gratified with the return of health to my patient that was certainly unlooked for, but even in these cases the variation only consists in exhibiting, after having by the usual treatment relieved the primary condition of the digestive apparatus, and

persevering in the aliment already described. A powder containing R. Hydr. prot. iod. gr. $\frac{1}{2}$, Doveri pulv. gr. i. vel. ij., acidi gallici gr. ij., ol. caryoph. gtt. ss, sacch. alb. gr. v. to be taken at bed time, so as to calm and relieve the child for the night, and giving the acidi sulph. dil., vel. arom., with vini. gallici during the day, and depending on these medicaments and hygiene to assist nature in her efforts, have been crowned with success.

Where by injudicious meddling with nature's efforts cephalic symptoms ensue, we must treat them as we find them. If congestion by the exhibition of terebinthine and potassa, revulsents, etc., leeches to the temples or over the petrous bones—particularly on the appearance of *strabismus*, cold douche, &c. If meningitis supervene we must be governed by circumstances. One of the most certain is to re-excite the discharge per anum, and the warm douche every hour to the head will produce a much more happy effect than the cold, for the reason that the rapid evaporation of the caloric succeeding each bath would cool and relieve the head.

ART. V.—*Abstracts prepared expressly for the REPORTER from Exchanges received at this office.*

(a.) SURGICAL.

1. *Fractures of the Olecranon Process.*—We make the following abstract of an article by Dr. F. H. Hamilton of Buffalo, in the *Peninsular and Independent Med. Jour.* The causes of this fracture are generally falls upon the elbow or blows directly upon the parts. It may be broken at its summit, base, or between these two points; the base is the most common point. When from violent action of the triceps muscle, the fracture is at the summit. Those of the middle are generally transverse, and of the base, oblique, carrying away also a portion of the shaft. The displacement is in the direction of the triceps. The usual signs are crepitus, when the fragments are not separated, a depression between the fragments, partial flexion of the forearm, and inability on the part of the patient to completely straighten it. When obscure, as from swelling, always keep the arm in an extended position. The prognosis should be guarded and unfavorable, as ligamentous union is the most common result. Concerning the treatment, much difference has existed,

especially in regard to the position of the arm. For certain reasons, detailed at some length, he prefers the extended position; to keep the process in situ, and maintain the arm in extension, the surgeon will prepare, extemporaneously always, for no single pattern will fit two arms, a splint, from a long and sound wooden shingle, or from any piece of thin, light board. This must be long enough to reach from near the wrist joint to within three or four inches of the shoulder, and of a width equal to the widest part of the limb. Its width must be uniform throughout, except that, at a point three inches, or thereabouts, below the top of the olecranon process, there shall be a notch on each side, or a slight narrowing of the splint. One surface of the splint is now to be thickly and carefully padded with hair, or cotton-batting, so as to fit to all the inequalities of the arm, forearm, and elbow, and the whole covered neatly with a piece of cotton cloth, stitched together upon the back of the splint. Thus prepared, it is to be laid upon the palmar surface of the limb, and a roller is to be applied, commencing at the hand and covering the splint, by successive circular turns, until the notch is reached, from which point the roller is to pass upwards and backwards behind the olecranon process and down again to the same point on the opposite side of the splint; after making a second oblique turn above the olecranon, to render it more secure, the roller may begin gradually to descend, each turn being less oblique, and passing through the same notch, until the whole of the back of the elbow joint is covered. This leaves on each side a space, unpressed by either splint or bandage; retaining effectually the piece in situ, but not embarrassing the circulation. The process must be drawn down and a compress of folded linen placed over it, before the bandage is applied. When the inflammation has subsided, the bandages should be removed, and flexion and extension made; sustaining the process with the fingers in the meantime, and this practice should be continued daily, and increasing the flexion as circumstances permit.

2. *Dislocation and Reduction of the Crystalline Lens.* The *Brit. and For. Medico Chirurg. Rev.* gives from the *Moniteur des Hopitaux* the report of a case by M. Mahieux. The patient was a farmer, aged sixty-five, who, twenty years since, lost his right eye from intense inflammation, &c. Fifteen months since his left eye, without any apparent cause, became affected and vision was not clear, a veil appearing to conceal the upper part of any object. After a year, suddenly a condition of nyctalopia came on, and in certain positions, objects could not be perceived. "On examination, the lower part of the anterior chamber was found occupied by the opaque and quite moveable lens, its upper border rising a little above the centre of the pupil. The tremor of the iris characteristic

of synchysis was also present. A lens that had remained so long without undergoing diminution in size was not likely to undergo absorption, but although its extraction would not be difficult, it would be a serious operation to risk in a man who had but one eye, and who still saw enough to guide himself about. It was determined, therefore, to attempt the reduction of the lens, or rather its passage into the posterior chamber. The patient was laid on his back, and the Sulphate of Atrophine was dropped, several times into the eye, motion being imparted to the lens from time to time, in order to direct the lens towards the centre of the iris. This gradually passed into the posterior chamber, and when the patient stood up, the upper part of the lens was alone perceived in the lower hemisphere. Next day the patient had recovered his vision completely, except that there were some *muscæ volitantæ* observed. A bright light now pained instead of preventing vision. The report only comes down to a fortnight after the reduction, when the pupil was found to be normal in its action, the iris continuing tremulant."

3. *Traumatic tetanus treated with Opium.* From a paper read by Dr. C. K. Winston, of Nashville, Tenn., before the State Medical Society at its last annual meeting, we obtain this *resume*.

"Tetanus is a disease of the spinal nerves followed by spasm of the voluntary muscles to which they are distributed."

It may arise from an injury or general causes. In infants it is called trismus nascentium. That species treated of in this paper results from injuries. It does not depend on any peculiarity of the wound, yet more frequently follows laceration. "It may occur during suppuration, but most frequently in the opposite condition, or when the wound has healed, sometimes weeks afterwards." It commences with unpleasant feelings about the neck, a difficulty in turning, or opening the mouth. These continue, and permanent contraction ensues. Gradually, all the voluntary muscles are involved, and in addition, we have regular spasms, with excessive pain, generally from contraction of the diaphragm. These continue and increase in violence, till death, which generally occurs in about ten days. The spasms are excited by touching the surface, as a stream of cold air on the parts, and even the lighting of a fly on the face. In the intervals the patient is easy, and may sleep.

The pulse is natural, the secretions are not disturbed, and all the organic functions are performed regularly. The intellect is unimpaired.

"It seems to me that in the treatment of this disease, the mind of the practitioner is not sufficiently impressed with the importance of directing our remedies steadily to what I conceive to be the point, and the only point in the case." The only diseased

action to subdue is the irritation of the nerves of the spine. Control this, and the spasms are relieved. Opium is his remedy, and he thinks it has not been fairly tried. Having used, vainly, all the modes of treatment he determined to risk all on opium. He relates three cases in detail.

Case 1. A negro boy, aged eighteen; had been severely whipped, and ran away, laid two nights in a cold barn. When found, he had tetanus; jaws clenched; voluntary muscles permanently contracted; clonic spasms every few minutes; opisthotonos. Washed off his body, and treated with sweet oil. Gave half a grain of sulphate of morphia every hour till the spasms were controlled. These subsided as soon as he was brought under the action of the morphia. When, in six hours, the spasms returned, gave one grain of morphia, and gradually increased to three grains every four or six hours, and daily inunction with the oil for eighteen days, when he recovered. During this time, the bowels acted well, and narcotism did not ensue. The inunction was resorted to, from the idea of the oil lessening the sensibility of the skin.

Case 2. A negro, aged thirty; chancre on penis, and when heated went into the river. Seized that night with tetanus. More violent than the former. Acted as in the other case and in fifteen days he recovered.

Case 3. An infant, aged five days; very violent spasms every few minutes. Gave tr. opii. camph. five drops, increasing five drops every hour. Fifteen drops controlled the spasms. This was repeated every two or four hours, increasing till half a tablespoonful was used by the mouth. Tr. opii. was substituted on the third day, and gradually increased to nine drops by the mouth, or twenty by the rectum. Spasms being shortened by slapping the face and chest with a wet cloth. The spasms subsided on the seventh day, and the child recovered.

In addition, he would in future "apply a paste of the extract of belladonna along the spine, daily, and in obstinate cases, blister the spine and apply morphia or belladonna along its extent."

4. *Gonorrhœa.* Dr. F. F. Gary, of Cokesbury, S. C., in the *Oglethorpe Med. and Surg. Jour.*, gives his treatment of this disease, and as the experience of all, is of importance, we cannot do better than to lay it before our readers. He directs, if possible, quiet and repose, avoidance of stimulants, and the use of simple diet, without animal food; keeping the bowels open, bathing the penis in cold water, by wet wrappings, till the burning sensation is abated. With this he orders a tea of uva ursi, 3vi.; hop. ʒss. Make a pint of tea, of which drink a wineglassful three or four times a day, and with

each, five grains of Bicarbonate of Soda. When we have relieved the burning sensation, he uses:

R.—Ol. copaiv.,
— cubebæ,
— terebinth, aa f ʒ ij;
Pulv. opii gr. iv;
Magnesia, ss.

Make into sixty pills, take one three times a day, before meals. If he desires a speedy cure, with these he orders an injection, as

R.—Tr. catechu, f ʒ i.
— opii, f ʒ i;
Plumbi acet., gr. xij;
Aq. Rosar., f ʒ viij.

Or,

R.—Plumbi acet.,
Zinci.,
Armenian Bole, aa gr. v;
Aq. rosar., f ʒ viij.

directing the patient how to use the syringe. He employs the Nitrate of silver when the disease is obstinate or chronic.

Sometimes he substitutes for the above pills, the following:

R.—Ol. copaiv.,
— cubebæ, aa f ʒ i;
Spt. nit. dulc.,
Aqua, aa f ʒ iv.

teaspoonful three or four times a day, or,

R.—Bal. copaiv.,
Aq. camph. aa f ʒ iij;
Spt. nit. dulc., f ʒ iv;
Tr. cantharid., f ʒ ij.

Dose, a teaspoonful, and the following injection:

R.—Arg. nitrat., gr. iv., aq. f ʒ i.

For gleet, he directs:

R.—Ol. copaiv., f ʒ v;
Vitell. ovi, no. i;
Pulv. opii., gr. i;
Aq. f ʒ vij.

For the chordee, he enjoins a light supper, sleeping on a mattress and the following:

R.—Pulv. aloë, gr. xx;
— rhei, ʒ iij;
Hydrarg. chlorid. mite, gr. ij;
Ant. et pot. tart., gr. i.

Make twenty pills and take one or two at night; or this draught:

R.—Tr. opii., gtt. xx;
Mist. camph., f ʒ iss.

and if not any sleep, repeat in three or four hours. He has found

bathing in cold water of great benefit, as also the following expedient: "the patient getting on his knees and keeping his head as low as possible, remaining in that position three or four minutes."

As to the disease in females, the same general treatment, with cleanliness and astringent injections.

5. *A new remedy for Syphilis and Gonorrhœa. In the Atlanta Med. and Surg. Jour.* Dr. Wm. Hauser of Spier's Turn-out, Ga., extols the services of the *Asclepias Incarnata* in the treatment of these diseases. He uses it in the form of tincture.

R.—*Asclep. incar.*, $\tilde{\text{z}}$ iv;
Diluted alcohol, $\tilde{\text{z}}$ ij.

After macerating for fourteen days, it is ready for use. His dose is a tablespoonful three times a day, before each meal, without regard to the shade of the disease. He mentions cases of great success, both of syphilis and gonorrhœa, from the employment of this remedy, which he has been using for several years. We would suggest the propriety of its employment by physicians, keeping a record of the progress of the cure, in order that the profession may know its value in comparison with other articles. Dr. Hauser seems to have unlimited confidence in it, from his experience in its use.

(b.) PATHOLOGICAL AND THERAPEUTICAL.

1. *Typhoid Fever.*—Dr. Robt. Campbell of Augusta, Ga., in a letter to the *N. O. Med. News and Hospital Gazette*, gives his views on this disease. The disease is of "long continuance and self-limited induration. That is—start out to deal with it, under the conviction that you *cannot cure it*," and this will save many. Let it alone, as long as all appears favorable. If it attacks a vital organ, support the general strength; if the brain is congested, apply frequently the cold douche to the head. If the lungs are troubled, have recourse to extensive and repeated dry cuppings to the chest, and "turpentine to give tone to the mucous tissues of the lungs, and prevent or suppress inordinate secretion or exudation." The turpentine also, for the intestines, if affected, and a small blister kept open on the left iliac region.

Care is required that nothing is done to jeopardize the chances of recovery, by the patient or his friends. Observe great care in ventilation, diet, &c. Watch closely for complications, and stimulate early. *Active treatment in the beginning often proves fatal.*

Especially are purgatives detrimental, as this is a disease of the asthenic type, nothing should be done that may further enervate him. No muscular effort, as rising in bed, or for stool. If the alimentary canal requires it, a slight dose of Castor oil is best.

Dr. Campbell, in this, as in other diseases, has the greatest confidence in turpentine, which our readers will remember from our review of his pamphlet on Dysentery. He says, "I have used this treatment for six or eight years, and whether from its positive advantages, or from the benefit derived from the exclusion of all other medication, there has certainly been the greatest improvement in the success of my practice upon this disease during that period." If there is a tendency to paroxysms, Quinine must be employed. His formula for the use of turpentine is:

R.—Ol. terebinth., f℥ss;
 Sacch. alb.,
 Gum acac.,
 Sodæ bicarb., aa ℥i;
 Spt. lavand. comp., f℥i;
 Aq. camph., q. s.
 To make f℥viij.

Dose, for an adult, one tablespoonful three times a day.

"To begin with the turpentine early in the attack, seems to lessen the danger to the bowels, and also to the lungs." If much diarrhoea, and this does not check it, he uses Bismuth, thus:

R.—Bismuthi subnit., ℥iv;
 Aqua, f℥ij.—M.

Shake well at each dose and give one teaspoonful after each passage.

If necessary, he adds from ten to twenty drops of Tinc. opii.

The Lavender prevents *subsultus tendinum*, but if this should appear, add a teaspoonful of tinc. valerian. every three or four hours till relieved. Sometimes, at night, pulv. ipecac. et opii. gr. x, to induce sleep. In the early stage, when the skin is dry and hot, he thinks great benefit is derived from the application of lard to the surface, all over, once or twice a day. Warm water enemas, if bowels are costive. After a time the skin may become alarmingly cool, give brandy with quinine. "Some cases only require port-wine, with which I often combine comp. tinc. of cinchona, three times a day, in doses of from one to two ounces of the former to two to four drachms of the latter for an adult," in proportion to the age. Some require immense quantities of brandy.

The patient does not need much nourishment. Give him light food, as "fresh milk well boiled with rice or arrow-root; grated cracker and hyson tea, &c., and not too much at one time. In the latter stages, nourishing diet is imperatively demanded, and should be very carefully attended to; here, essence of beef, chicken-soup with rice, &c., may be given.

Allow him full use of cold water, but not too much at a draught. Sponge the body if hot. He should be placed in a pleasant part of the house, in a comfortable bed, and care should be had to

prevent bed-sores. Above all, a well ventilated room is necessary, and not too near the fire if in cold weather.

When convalescent, watch closely the diet and exercise for some time.

[The late Dr. Mitchell's great remedy was the Nitrate of silver in the dose of one-third of a grain three times a day. If the patient remained in a comatose state for some time, he had him driven out in the country carefully, and well guarded against cold. Dr. M. used to relate to his class an instance where one of his students was thus recovered when all expected his death. Having been in a state of stupor for some days, he was put in a carriage and carefully driven out in the country near Philadelphia. When one or two miles out he raised up, and asked to be dressed, and when they arrived at Germantown, he got out, and took a light tea at the house of a friend. From that time his recovery was rapid. EDS. MED. AND SURG. REP.]

2. *Typhoid Fever*.—In an able paper on this subject in the *Virg. Med. Jour.*, Dr. Robt. S. Powell of Brunswick Co., Va., gives his views of the Etiology, Semeiology, Pathology and treatment of this disease.

It is remarkable from its causes being obscure. It is found in every locality, and under all circumstances, and is the same in every place. There must, then, exist "one cause operating upon all subjects," &c. This is inappreciable, but, in the progress of science, may ere long be discovered. The opinion advanced by some authors, that malaria is hostile to it, and precludes its occurrence, is fallacious.

The symptoms also of this disease vary much. It may be ushered in with restlessness, soreness, stiffness of the limbs, headache, chill, accelerated pulse, coated tongue, impaired appetite, &c. Soon the chilliness ceases, and the fever becomes permanent. Generally there is diarrhoea to a greater or less extent. When it becomes fully formed, all the phenomena of fever are present, as quick pulse, hot and dry skin, no appetite, general weakness. Often general soreness and headache are much complained of. All these symptoms increase for several days. The stomach becomes irritable, the heat of the skin is acrid, pains of a transient nature are felt in the abdomen, increased on pressure, especially in the right iliac region, with a tympanitic state of the bowels, and a gurgling sound on pressure. A cough comes on, with mucous expectoration. These symptoms continue till about the seventh or ninth day, when, if the surface be carefully examined, petechiæ will be observed, first usually on the abdomen, then on the chest, &c. Sudamina will be noticed on the neck and face, and sometimes elsewhere. The headache is now often replaced by delirium or

stupor; the tongue is protruded with an effort and trembles; an unpleasant odor is exhaled from the body; subsultus tendinum sets in; the patient is very weak, and all the usual phenomena which precede death are noticed. In this disease, we have certain pathological phenomena, which are characteristic. The glands of Peyer are affected; they are swollen and turgid, then ulcerated, then perforations ensue, and though death here seems the inevitable result, recovery has often taken place.

As a general rule sulphate of quinine is recommended by the writer, in small doses, frequently repeated, as the severity of the case may demand, and may be omitted at night, a Dover's powder being given at bed time to procure rest. This treatment must be continued till the seventh or ninth day. After this time he recommends, like Prof. Wood, ol. terebinth. in doses of ten drops every two or four hours according to circumstances. If pain on pressure in the abdomen, blisters may be applied until relief is obtained. Friction to the surface with a stimulating lotion several times a day is beneficial, by driving the blood from the point of inflammatory action, and imparting vitality and thus preventing sloughing. Some recommend cold water to the surface, but this determines the vital fluid to the bowels, and augments the havoc. In the last stages toddy or wine whey may be given to support the system. To prevent bed-sores, use gum-elastic cushions, &c. When the first appearance of the sore is seen, frictions to the part with a stimulant may arrest it, by causing a greater flow of blood to the part, thickening, as a result, the cuticle, and thus giving it increased ability to support the pressure.

3. *Cannabis Indica in Delirium Tremens*.—As this disease is annually on the increase, not only in this country, but all over the world, whether from an increase of the susceptibility of the human race, the larger amount of liquor used, or the adulteration to which it is subjected, we think all the experience recorded on this subject is of importance, therefore, we abstract from the *Oglethorpe Med. and Surg. Jour.*, portions of an article by Dr. John E. Van Molle, of Savannah, Ga. The patient was a man forty-five or fifty years of age, and in the habit of drinking hard occasionally. At this time he had been drinking for a couple of weeks, and was compelled to quit for several days, as his stomach would not tolerate any more. He was weak, with small and frequent pulse, skin cold and covered with sweat; his mind was deranged, with suicidal attempts.

He was given,

R.—Ext. cannabis indica, gr. xx.

Make in five pills, two to be given at once, and one every hour after. In one hour after the last pill the pulse was improved, less

frequent and fuller, and tremors were subsiding. The pills were renewed, and in the morning he was much better, but had no sleep, and his mind was still deranged. Finally, he was brought completely under its influence, and exhibited the usual signs of the haschisch. He then fell asleep, and woke up a well man.

We like this case, as it has more of a positive value than the great majority recorded. But one article was used, and we can attribute the good effect to that article alone. Where a physician gives a prescription containing a host of articles, we have no means of judging as to the true value of any one of them. In this instance, Dr. Van Molle gave sixty grains before it produced its specific effect on the brain; and this he believes to be necessary in order that it may completely restore the mind to a sound condition.

4. *Quinine in Scarlet Fever*.—Dr. E. A. Morrison of Lawrenceville, Brunswick County, Va., has an article in the *Virg. Med. Jour.* in which he highly extols this new method of treatment. He has treated this disease repeatedly in epidemic form, for more than thirty-five years, and thinks he has met with the greatest success from the powers of Quinine. He relates several cases where it had the happiest effects, though the disease presented itself in a very malignant form. He treated about twenty cases in one family, and all recovered but one, to which he was called at the last moment.

When the first symptoms make their appearance, he orders Quinine, regulating the dose, according to the age, and continuing every two or three hours, till under its influence, occasionally giving a few grains of Blue Mass, to gently relieve the bowels, and mopping the throat with a strong solution of the Nitrate of Silver. He, also, when the patient is old enough, directs a gargle of red pepper tea and common salt.

Dr. R. Sims of the same county, has also met with much success from this treatment in the same disease.

5. *Glycerine*.—Dr. H. T. Cummings of Portland, in the *Maine Med. and Surg. Reporter*, considers this a most valuable therapeutic agent, and especially is it useful as an external application, by preventing the formation of incrustations, keeping the skin moist and cool, &c. In the various cutaneous eruptions, it becomes of much benefit. By the addition of one-fourth to one-sixteenth of it to any poultice, or lotion, it prevents its drying, and soothes the diseased parts; its antiseptic properties also prevent the unpleasant odors of the discharges. It has been employed with success in pityriasis, lepra, psoriasis, lichen, impetigo, and prurigo.

In certain forms of deafness, it has been used with signal success. When the ears are filled with hard wax, when poured into the canal, it soon softens the wax, and renders it easy of removal. In perforation of the membrana tympani, cotton moistened with it acts well, and does not require to be renewed so frequently, and also ameliorates the irritation of the parts. It becomes also an excellent substitute for the cerumen, when that is wanting. This is but a tithe of its many valuable applications, several of which have already been noticed in this Journal.

6. *Epilepsy*. From the *Abstract of Med. Sci.*, we glean the following plans of treatment in this disease. Dr. Henepin, in *L'Union Medicale*, advocates the employment of the Lactate of Zinc, though unfortunately his observations have not been on a very extensive scale. Dr. Barnes, in the *Lancet*, recommends the phosphate of zinc, having used it for two years with much success. He uses diluted phosphoric acid as the solvent, and adds tincture of gentian, or columba, or iron, or quinine, according to circumstances. Dr. Radcliffe gives an extended report on the use of the oxide of zinc in this disease in the *same Journal*. They were treated on the plan of M. Henepin quoted above, and he concludes that it offers no particular advantages over any other article in this affection.

[In view of the many forms in which zinc has been given, with much apparent success, why not give zinc in its pure state, and let the system unite any acid it prefers to the metal? Cannot our chemists provide us a preparation similar to the iron by hydrogen, which is so generally acknowledged as of value in certain anæmic affections? EDS. M. & S. REP.]

7. *Fluid Extracts*.—On this subject Mr. F. Stearns, of the *Peninsular and Independent Med. Jour.*, makes the following remarks. He considers, in view of the objections to other preparations, that fluid extracts are demanded. These should be "a nearly saturated solution of the whole active matter," and in the best menstruum to preserve and extract it, as alcohol diluted, water, ether, sugar, and glycerine. To be "nearly saturated," there should exist in the extract a small per centage of the menstruum in excess, to prevent the deposition or precipitation of any soluble matter. If *fully saturated*, they would be uncertain, from the changes liable to occur in them. All such inert matters as starch, albumen, gum, &c., should be excluded, "cane sugar or glycerine on account of their bland and nutritious qualities, should be employed when practicable, as preservatives and solvents, in place of more exciting or stimulating menst." These extracts would possess, *concentration, convenience, perma-*

nence, and agreeability. More than seventy articles in the materia medica are eligible for this form of preparation, and these may be combined to form other preparations.

8. *Inhalation of Nitrate of Silver.*—Dr. W. H. Studly of Rochester, Ill., gives in the *Chicago Med. Jour.*, his method of using the Nitrate of Silver by inhalation. He considers instruments as altogether unnecessary, and at the same time dangerous. His plan is as follows: Pulverize the article in a moderately heated wedgewood mortar, to an impalpable powder; then triturate it with sugar of milk in the proper proportion for the required strength, as, Argenti Nitrat., one part; sugar of milk, two parts. He puts this powder in a glass stoppered jar, first having dried it carefully. In the patient's mouth he places a glass or tin tube, one inch in diameter and eight or ten inches long. Shaking the jar, and withdrawing the stopper, the patient plunges the pipe in it, and inhales. The powder passes in and sprinkles the passage thoroughly. He considers from one to three inhalations at a time, and about twice a week, as sufficient. The powder keeps well, only requiring the jar to be heated at each inhalation to drive off any moisture that may have collected.

9. *Sugar as a medicine.*—Drs. F. J. Behrend and Sieter in the *Jour. für. Kinderkrank.*, and *Schmidt's Jahrb.*, recommended sugar as curative agent of much value in diarrhoea and some other infantile affections. One case is related of a child of three years and another of four years, in whom half an ounce of powdered white sugar, every hour, produced much improvement, after other remedies had failed.

We have never been willing to conform to the opinion so long held, that this article was productive of bad effects upon the teeth, &c., though we are not quite prepared to adopt it as a powerful member of the materia medica. We hope these gentlemen will soon give us more details of their treatment and not be too ready to judge on the *post hoc ergo propter hoc* principle. We could relate numerous instances in our own practice, where the most wonderful effects have followed the use of as simple a remedy as this.

(c.) OBSTETRICAL.

1. *Influence of the Placenta on the Development of the Uterus during Pregnancy.*—A somewhat extended article upon this subject was read before the Boston Society for Medical Improvement, December 28th, 1857, by Dr. Wm. Read, and published in the *American Jour. of Med. Sci.*, April, 1858. He considers the theories formerly propounded on the development of the uterus as insufficient to

account for all the phenomena which present themselves. This is, that the uterus commences to enlarge at the fundus; next follows the body, and lastly the neck, and thus it acquires a fusiform shape with the small end in the pelvis. While agreeing in the general plan, he considers the opinions vague as to the rate and mode of this development. The proofs that it expands in one part more than another, as a consequence of a vital cause are doubtful. Facts do not sustain the expansion of the fundus. We find the uterus to vary in shape as the position of the foetus varies. The fact of the rise of the uterus from the pelvic cavity is not a proof, nor can we depend upon the changes undergone by the neck.

The term for the occurrence of these changes, is by no means fixed, and authors differ very materially in their opinions concerning it. Some maintaining that it occurs altogether during the last fortnight, while others are equally positive that it commences as early as the fifth or sixth month. In fact, on these points, almost every author has his own opinion. Again, the supposed rate of increase of the placenta, is entirely unreliable, as the difference in opinion concerning its growth is equally great. Facts also prove, that there is no agreement between the weight of the child and that of the placenta, which should necessarily be the case, if there was a parallel growth. Now if these views were sustained by better evidence, do they at all account for the manifestations in placenta prævia? Many cases are in every way antagonistic to the principles as laid down by Cazeaux and others by which to account for these phenomena. Thus we have cases of complete presentation of the placenta, without any hemorrhage previous to the termination of the pregnancy. Levret, in *L'Art des Accouch.*, speaks particularly of this. His theory is, that where no hemorrhage takes place, the placenta is rooted very low down near the os, and when we have hemorrhage it is placed over the os, but high up in the neck. Hence, when the expansion of the neck commences, it must, in the latter case, detach more or less completely, the adherent placenta, &c. He himself, however, shows that this cannot be the way to account for the difficulty, nor does he, in his subsequent reasonings, succeed in making it any more clear. The exceptional cases are too many, and this objection applies with equal power to the theories advanced by Cazeaux, Moreau, and Jacquemier. Finally, "having thus shown that exceptions to a general rule of hemorrhage in the last months of placenta prævia not only do occur, but are so numerous and so entirely at variance with the principle upon which that rule is founded as to be altogether inexplicable, according to any legitimate interpretation of its meaning, we come next to the question, what shall be substituted in its stead?" He offers the following substitute:—

"The attachment of the placenta to any portion of the uterus, causes a development at that place, which proceeds *pari passu*, till the limits of growth in the placenta having been reached, the enlargement is continued and kept up by the pressure constantly exerted on the uterine walls by the growing contents, till the time of parturition. That is to say, at whatever point the radicles of the placenta first attach themselves after the issue of the ovum from the Fallopian tubes, at that point the development of the uterus commences, and takes shape according to the position of the contained foetus." He believes this to be in accordance with the inferences to be drawn from known data, and also with physiological laws, and that exceptional cases can be clearly explained. No proof is needed that the placenta causes a development at the point of attachments. He considers also, that the uterine parietes expand under the constant pressure of the growing ovum.

In regard to the exceptional cases, "the more complete the placental presentation, the earlier and more profuse ought to be the hemorrhage." But it is often the reverse. But if we consider, that the development commences at the point of attachment of the placenta, thus, at the lowest portion of the cervix, and grows with this organ, we immediately lose sight of the difficulty. "For, by the time that the placenta having passed the period of its most rapid growth, the foetal mass has already began to exert its effect upon the uterine walls to enlarge them, the added strength which the thick, firm disk of the placenta gives to the cervical portion to resist this distension, is enough to prevent its being felt in that direction. And moreover, the general shape of the uterus being finally determined by the position of the child irrespective of the placental attachment, its form at the end of gestation would be the same, other things being equal, and would be scarcely modified by this complication. It applies also to partial presentations of the placenta of every degree, from that in which the os is almost entirely covered, to that in which the edge only of the placenta is at its margin. For, just in proportion to the amount of the neck of the uterus covered by the placenta, is it protected from the distending process to which it is exposed during the later periods of pregnancy, and in just such proportion will the hemorrhage appear late or early, which is in accordance with observed facts."

This reasoning also accounts for those cases, where the placenta is on the cervix near the os, but not overlapping it, and in which we have no hemorrhage, though necessary according to the existing theory. "For, if it be objected that the distending process being exerted upon the cervical portions, it would at the same time act upon the os uteri, to open it; it may be answered that the same property which enables the os to keep closed during

the changes which take place in the cervical portion in normal gestation, would preserve it entire in this."

He believes this theory will satisfactorily explain every phenomena of placenta prævia, and "while it does not militate in principle with acknowledged physiological laws, it so applies them as to leave fewer exceptional cases, and those cases not different in character from what are constantly occurring in normal pregnancies."

2. *Pepsine in the Obstinate Vomiting of Pregnancy.*—The *B. & F. Med. Chir. Rev.* copies from the *Bulletin Gen. de Thérapeutique*, an article by Dr. L. Gros, in which he relates the remarkable effects of pepsine in these vomitings. In several cases, every method of treatment had failed, and he even thought of abortion as the only chance for the woman's life. He gave about one scruple in two doses, to be taken daily, in broth. This being retained from the first, it was continued, and gradually more powerful nourishment was given. At the end of three weeks the cure was complete, and from that time all went on well. This was a sample of all his cases. He explains it "by supposing that, although in the first instance the vomiting is due only to the sympathy existing between the uterus and the stomach, yet subsequently the stomach itself becomes affected, as is proved by the fact that in the beginning of pregnancy the vomiting occurs only in the morning or evening; but in aggravated cases it supervenes after every meal, and all alimentary matters are rejected. In such cases, therefore, when the stomach has taken on a morbid habit, and exhibits an alteration of secretion, the pepsine appears to be really indicated; although in a merely sympathetic action of the uterus and stomach it would be difficult to explain the efficacy of its action." While on the subject, we might say that M. Berthe, in the *Bulletin Gen. de Thérapeutique*, recommends the administration of this article in the form of a lozenge, prepared as follows: "A firm paste is made in the usual way, with mucilage of gum Arabic, and aromatized with a few drops of essence of lemon. When the mass is perfectly homogeneous, four grains of amylaceous pepsine are added for each lozenge; the mass is then divided in the ordinary manner, and the lozenges placed in a stove heated to from 77° to 86° F." It has been recommended in other forms, but we think this will prove as pleasant and convenient a method as can well be devised.

3. *Belladonna as a means of arresting the Lacteal Secretion.*—In the *Boston Med. & Surg. Jour.*, Dr. J. O. Harris, of Ottawa, Illinois, and Dr. E. Seyffarth, of Keokuk, Iowa, record their success with this remedy. Dr. S. used flannel compresses moistened with a

solution of the extract of belladonna, in two cases, and in both the secretion was arrested by about the ninth day. In another case, he employed a strong effusion of the fresh leaves, and the breasts ceased to secrete by the second day. Dr. H. and a neighboring physician used an ointment of equal parts of extract of belladonna and lard, three times a day, on the areolæ, around the nipples; the pain ceased in a day or two, and the secretion with it.

These latter look more like the result of the remedy; for, as Dr. S. remarks, his cases might have ceased spontaneously without the application. It was mentioned by Mr. Gibbon, in the *Lancet*. More instances than these will be necessary in order to establish its value, and we hope our friends throughout the country will not be backward in sending in their evidence, whether in favor or against.

(d) PHYSIOLOGICAL.

1. *Milk—Its Composition and Changes.*—The following we obtain from the *Amer. Med. Monthly*, and was chiefly drawn from the two treatises *DU LAIT EN GENERAL. Par M. Bouchardet et Th. A. Quevenne, Paris, &c.*, and *DU LAIT. Thèse Soutenir le 23 Décembre 1856, par le Dr. P. O. Reveil, &c.*—Milk is composed of three substances, serum, holding in solution lactine, casein, salts, &c: Casein suspended in the serum in a granular form: Butter, in the form of globules. *Skim-milk* has been deprived of much of its fatty matter, though with nearly all its cheese, butter, &c., remaining, so that it is nearly as nutritious as new milk, but less adapted to develop fat and maintain the heat of the body, &c. *Butter-milk* has less fatty matter than skim-milk, and *cream* consists of the fatty matter combined with casein and lactine. The milk globules are formed of fatty matter, and vary in size. They have been considered by some as enveloped in a caseous membrane; by others, as butter swimming in a liquid-like oil in an emulsion. Bouchardet and Quevenne hold the latter view, and show that there are no enveloping membranes; and churning, which was supposed to be a rupture of the membrane, "is only an illustration of the fact that solid fatty bodies will agglomerate when floating in a liquid, should violent agitation be employed." Quevenne proves the want of a membrane as follows: "If milk be exposed sufficiently long on a stove, the butter will unite in the form of oily drops on the surface of the liquid; if fresh cream be placed on plaster newly mixed, so as to ensure the absorption of the little serum left, it is only necessary to knead the remaining mass into a little water to remove the casein and to make the fat globules agglomerate in the form of butter. When milk is acted on by ammonia, which dissolves the casein that is suspended, and should also dissolve the enveloping membranes, the fat globules are not changed under the microscope."

The number of substances which make up the milk are numerous; thus, butter is formed of oleine, butyrine, caproine, capuyline, caprine, myristicine, palmitine, stearine, butine, lecithine. What has been formerly considered as casein, is albuminoid matter; casein in suspension and solution, albuminose. Then we have lactine, phosphates of lime, magnesia, potassa, iron, manganese, and soda; chlorides of sodium and potassium; soda combined with casein, or an organic acid; salts with a potassa base and an ammonia base; silicates, fluorides, sulphur, iodine, urea. Butter is the aggregate of the fatty matters, and it differs in various animals, and in them according to food and season. Lecithine found in butter, supplies, probably, the matter for the brain. In the mornings, milk is denser, and not so rich in cream as in the evenings; and we even find a difference between that first drawn and the last, at the same milking. Food affects to a certain extent the milk, as garlic gives it its characteristic odor. Mercury has been detected in the milk, when given to animals in therapeutic doses; and thus children in syphilis may be affected. Some interesting instances are given, with a careful analysis, to show the effect of food on the milk in human beings. The *colostrum* is that which is secreted during the first few days after parturition. It is richer than the after milk, and is well adapted to the wants of the infant.

"An important question connected with the changes which the *colostrum* undergoes in becoming true normal milk, is at what age it can be considered as fitted for alimentation."

Bouchardet depends on nature as showing the best time for milk to be taken by infants or invalids. Thus, in debility of the digestive organs, we should employ milk from an animal that had recently been delivered; in other cases it should be taken later. Cows' milk should not be used as food until three or four weeks after calving; and even then it is not as unctuous as at the age of six or eight months. The effect of grain from the brewers, and still-slop, is undoubtedly injurious to a great degree. It loses much of its beneficial matters, though it is not certain that it gains anything of a hurtful tendency. It has not the proper amount of solid constituents.

Very slight moral causes will affect this secretion, and cause it even to act with a hurtful effect upon children.

A question of importance, is on the preservation of milk for a long time. Several plans have been proposed at various times. In America, we have that of Blatchford, of New York, in which he mixes sugar and milk, in the proportion of one to five, and by heat drives off the water. This solid mass may be preserved for years without any change. The other is that of Gail Borden, Jr., and consists in evaporating it in a vacuum, without the addition of anything till consolidation is produced. This seems best, as

the sugar is to some an objection. By this method we may have our milk pure, and feel no suspicion of its having been adulterated in any form; and we may preserve it for an indefinite length of time.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Transactions of Medical Societies.*

1. Transactions of the State Medical Society of New York, 1858. Pp. 648. (Published by the Legislature). Two copies received.

2. Proceedings of the Sixty-sixth Annual Convention of the Connecticut Medical Society. Pp. 120.

3. Transactions of the Twenty-sixth Annual meeting of the Tennessee State Medical Society. Pp. 48.

The Transactions of the New York State Medical Society for this year form a large volume, and comprise a number of valuable papers.

The Annual Address delivered by the President, Dr. Augustus Willard, upon "Air, Exercise, and Sunlight," is a valuable article, thoroughly examining into their influence upon the health of individuals and communities.

Next we have a Biographical Sketch of the late Dr. S. Ely, of Clarksville, Otsego co., N. Y., by Dr. J. S. Sprague, of Coopers-town, Otsego co., N. Y.

A similar sketch of Dr. T. Spencer, by Dr. S. D. Willard, of Albany; and a sketch of Dr. Henry Reynolds, with a portrait, by Dr. R. L. Allen, of Saratoga.

Then followed a valuable paper on *Anæsthesia*, by Dr. P. Van Buren, of New York. He treats on the Chemical History, &c., of Chloroform, of Cold as an Anæsthetic, Amylene, &c. From this paper we hope to prepare a valuable abstract for a future number.

Dr. C. B. Coventry, of Oneida co., read a paper on *Cerebro-Spinal Meningitis*, by Dr. D. G. Thomas, of Utica; and a similar one was presented by Dr. J. V. Kendall, of Clay, Onondaga co. Both of these are valuable, and contain much information for the reader.

Dr. B. Fordyce Barker, of New York, read the report of the Com-

mittee on Voluntary Communication, on the "Comparative Use of Ergot and Forceps in Labor."

Dr. H. S. West, of Binghamton, reported a "Case of Ovariectomy."

Dr. W. Potter, of Hallsville, read a paper on "Puerperal Fever." He is a non-believer in contagion, and looks upon it as an *internal erysipelas*. His views at length we shall ere long present in another department.

Drs. Van Dyke and Murdock, of Oswego, reported a "Case of Fracture of the Cervical Vertebrae," with death in twenty days.

Dr. A. Van Dyke, of Oswego, presented a valuable collection of "Statistics of Obstetric Practice, for about four years."

The Secretary communicated from Dr. T. H. Squire, a paper on "Congestive Fever," &c., in which he reports a number of cases at length, thus giving us what is so much needed, the experience of each member of the profession; and the only way by which advances and improvements can be made in the profession.

Next we have "Osseous Union of Intracapsular Fracture of the Neck of the Femur," by Dr. Alden March, of Albany. To this is attached a well-executed engraving of some of the specimens. The same gentleman also further enriches the Transactions by an "Interesting Case of Urinary Calculi," accompanied by a plate of different varieties of the calculi.

Dr. S. J. Goodrich presented a report of the "Mortality in Brooklyn."

Dr. F. B. Hough communicated a paper on the "Registration of Births, Marriages, and Deaths."

Dr. C. V. Barnett, of Windham Centre, Green co., presented a paper on "Poisoning by Arsenic from Absorption," relating sundry cases, amounting to twenty-one, that have fallen under his charge. They had resulted from the practice of a "cancer doctor," and form a matter of much interest, to be examined and presented to our readers in a more detailed form ere long.

Dr. W. H. Gardiner, of Whitesboro, mentions a "Case of Accidental Nigrities," in a female aetat. sixteen. This would form a capital subject for some of our ethnological inquirers. She was the child of an English father and an American mother. Never been troubled much with sickness, or taken medicine of any account, until when from home she was taken ill, and returned

much exhausted, as if worn out by nursing. Her complexion rapidly darkened, her hair became black and coarse, from a fine brown, and she presented the appearance of a person covered with lamp-black. No medicine seemed to relieve this, nor was any disease detected on a close examination. She soon afterwards died, rather suddenly, and no autopsy was allowed.

The Annual Address of Dr. Samuel H. Freeman, President of the Albany County Medical Society, was communicated. Subject, "Human Longevity."

Dr. Thomas C. Brinsmade, of Troy, the Vice-President, made his address on the "Registration of Diseases," with tables for twenty-one years, a general summary of fatal cases, &c., from 1837 to 1847, and a summary of diseases from 1837 to 1857 (twenty-one years), &c.; the whole forming an amount of invaluable statistical information.

The Medical Society of Kings County presented through Dr. John Ball, of Brooklyn, a paper entitled "Of the Statutes of the State of New York regulating the practice of Physic and Surgery; the rights, duties, and immunities of Physicians; and their relation to the Medical Societies of the counties in which they reside."

Dr. Reed B. Bontecou, of Troy, presented "A case of enormous diffused Traumatic Aneurism of the Axilla, from sub-cutaneous rupture of the artery; ligature of the subclavian; repeated secondary hemorrhages from the wound till the forty-first day after the operation; subsequent suppuration of the aneurismal tumor, and hemorrhage from it; recovery, &c.," accompanied with an engraving of the patient's appearance before and after the operation.

Dr. J. Marion Lewis, of New York, presented a short paper, with a plate, on the Uterine Elevator; Dr. James H. Armsby, of Albany, two plates of an instrument for the radical cure of Inguinal Hernia, and a short description appended.

We have also a complete report of the business of each day's session, lists of all the delegates, honorary members, &c., &c. We hope, at various times, to produce from this interesting volume, much important matter in the way of abstracts, as from our above enumeration it may be seen to abound in communications replete with interest.

The Connecticut Medical Society held its sixty-sixth annual convention at Waterbury, on the 26th and 27th of May last, Dr. B. H. Catlin, of West Meriden, the President, in the chair. The volume of Transactions for this year contains one hundred and twenty pages, and is well filled with unusually interesting matter.

We have taken occasion heretofore to commend the style of getting up of the Transactions of this society. There is not in this country a medical society whose Transactions are so methodically arranged, and which is really worth so much to its members. Let secretaries of other State medical societies procure a copy of these Transactions, and profit by it.

The President, Dr. Catlin, is evidently an earnest and efficient promoter of any scheme calculated to benefit the profession of his choice. He forcibly advocates the plan proposed by the American Medical Association, of physicians keeping a record of the cases they attend in medical and surgical practice, reporting them in a tabular form to the county society, and through that to the State society, and finally to the American Medical Association. We trust that the profession will adopt a plan fraught with so much good to the public.

Dr. Catlin refers to the fact that our profession suffers greatly for the want of well-qualified and efficient nurses, and recommends that physicians do something towards correcting the evil by encouraging proper persons to assume the office, and giving them instruction. There is in this city an institution—"The Nurse's Home"—which is intended to meet this want; and we hope that steps will be taken to train nurses in all parts of our country. Every physician knows the value of an intelligent nurse, one who knows how to carry out the views of the physician, and who will do it. As Dr. Catlin suggests, many of our nurses are officious and meddling—some are apostles of homœopathy, some are "root and yerb" doctors in petticoats; and such nurses will not hesitate to question the judgment of the physician, or even to act contrary to his suggestions, denouncing his mode of practice, and recommending a "doctor" of their own faith. We learn, with pleasure, from this address, that efforts are being made in Connecticut for the establishment of an institution for the improvement of the imbecile and idiotic.

These preliminary matters disposed of, Dr. Catlin enters upon

the subject of his address, viz: *The Claims of the Regular Medical Profession upon the Confidence of the Community*; and he handles his subject with much ability and skill. This address is worthy of being printed for separate circulation among non-professional readers. We quote the closing paragraph:

Medical Millenium. Let us for a moment look forward to that medical millenium which we shall never behold, but may be allowed to anticipate, when the science of medicine shall be perfected; those principles now uncertain be fully elucidated and established; when every practitioner shall be thoroughly and perfectly educated for his profession, and withal be a benevolent, upright, conscientious man, having such full confidence in those to whose wants he ministers, that he will have no anxiety for his own temporal wants, but be able to give the whole energies of mind and body to the investigation and removal of disease and suffering; when the most delicate and refined female shall be able to find a physician in whom she can place such implicit confidence as to impart to him the first indication of disease, and thus avoid years of suffering; when every woman who now wisely selects a machinist to regulate her sewing machine, or a practical musician to tune her piano, shall act as discreetly in the selection of one to regulate that delicate mechanism which sends a glow of health and beauty through her frame, or those ten thousand nervous filaments, which, when in tune, send thrills of joy and pleasure through her system; when every manufacturer shall select his physician as wisely as he does his machinist; every lawyer, who in his profession examines evidence so closely and estimates it so exactly, shall examine science before he rejects it; every minister of the gospel shall hate nostrums as he does Pantheism,—avoid infinitesimals as he would transcendentalism,—believing there is science in medicine as well as theology; when all persons, in every department of life, shall fully and perfectly understand the laws of hygiene, and be willing to follow them, thus preventing a vast amount of unnecessary disease, so that what is suffered may be justly and truly termed a dispensation of Providence; when the whole community shall unite with the wisest and best physicians in arresting disease in its incipient state, curing what in this approaching, enlightened age, shall be curable, greatly alleviating and palliating what is incurable. “Blessed are they who see the day of glory, but more blessed are they who contribute to its approach.—SECKER.”

Next follow Reports of Committees, viz: “Report of the Annual Examination of Candidates for the Degree of Doctor of Medicine,

at Yale College, for 1858;" "Report of Committee for devising plan for more suitable accommodations for Insane Convicts, etc.;" "Report of Committee on Registration of Births, Marriages, and Deaths;" "Report of Committee of Publication;" and a Sanitary Report from Hartford county.

Dr. C. A. Lindsley, of New Haven, contributes an excellent essay on *Puerperal Convulsions*. He introduces the subject by adverting to the fact that nearly all the prominent writers on obstetrics agree in recommending immediate and copious blood-letting in puerperal convulsions, under all circumstances, while there is the greatest imaginable confusion among them as to the etiology or pathology of the disease. He then goes on to discuss the subject in the light presented by the late Marshall Hall, to whose researches medical science is so much indebted in relation to the physiology and pathology of the nervous—particularly of the spinal system. His experiments would seem to demonstrate that lesions of the encephalon produce paralysis *only*, whilst lesions of the medulla oblongata or spinalis induce convulsion or paralysis, according to their severity. Hence it follows that the seat of convulsion of every form *must be in the spinal column*. Dr. Hall is supported in this opinion by the experiments of Magendie, Schops, Flourens, Hertwig, and others. Dr. Hall then locates this disease in the *spinal column*, while the principal writers on obstetrics have hitherto, as Dr. Lindsley remarks, agreed, so far as they agree at all, in locating the disease in the cerebral system, the brain. Dr. Lindsley argues that if cerebral congestion is the cause of the convulsions, we ought to have them when the congestion is the greatest, viz: "in the second stage of labor, when the violent contraction of the uterus expels the blood from its parieties into the rest of the system; when the powerful exertion of the voluntary muscles pours out a still larger quantity of blood into the arteries and veins, when the head of the fetus in the vagina has excited the reflex action of the expiratory muscles, causing with every pain partial or entire closure of the glottis, interfering with the proper oxygenation of the blood in the lungs, obstructing its return from the head, and often distending the veins of the head and neck until partial asphyxia occurs." But instead of convulsions occurring uniformly at this period, the patient is often seized before labor is begun, or during the first stage, or, again, after

labor is concluded. The post mortem appearances of congestion of, and effusion on the brain, are no evidence that the convulsions were caused by such congestion or effusion, as congestion of the brain is precisely what might be anticipated as an effect of the fit. It is probable, therefore, that both the engorgement and the effusion are in most cases results—consequences of the disease, and not the cause.

Our essayist, however, does not wish to be understood as saying that congestion and effusion are never the cause of convulsions; on the contrary, he believes that they sometimes are the cause. He illustrates his idea by supposing two instances:

“If, during the fierce exertions of the propulsive stage of labor, rupture of a blood-vessel occurs, *producing by the effusion counter pressure upon the medulla oblongata*, and as a consequence, convulsions, the cause must, undoubtedly, be ascribed to the effusion. But, if the patient is thrown into convulsion by irritation of the os uteri, and during the fit, rupture of the blood-vessel occurs with effusion into the brain, although after death precisely the same amount of coagula is found, and even in the same locality, the diagnosis of the two cases is vastly different. In the first case the coagula must be considered the cause, in the second, only the effect, of the disease.”

Dr. Lindsley introduces the following case from his note-book as illustrating some of the above remarks:

A case of protracted and tedious labor with extensive lesion of the brain without convulsions, ending in paralysis and death. August 12th, 1855, I was called early in the morning to see Mrs. S., forty years of age, about to be confined with her tenth child. Her travail was tedious during the day, but in the evening the pains became more energetic, and about nine o'clock P. M. she was delivered of a healthy child, attended with considerable though not excessive hemorrhage. Nothing unusual occurred for more than a week, excepting a headache, which she said she had suffered during the last twelve months. As she said that her former attendants had told her it was neuralgic, and as it was not unusually severe, I did not investigate it or prescribe especially for it. Her lochia continued about ten days in normal quantity and color. Her milk began to be secreted on the third day, but not so abundant as usual, and gradually diminished. On the 22d, ten days after confinement, her family congratulated themselves on her improvement because she slept quietly and did not complain of headache; but in the evening they became alarmed, because they discovered she could talk only with difficulty, and

that her right arm was partially paralyzed. I was immediately called, and found her with almost complete facial palsy upon the right side, and scarcely able to raise the right hand to her face; her leg was not as yet affected. Her speech was imperfect, but her mind was clear. These symptoms increased, attended with slight convulsive action gradually growing more violent, until the next day between eleven and twelve o'clock, when she died.

Post. Mort., twenty-four hours after death, thorax and abdomen entirely normal. Calvaria was very thick; on removing it found considerable serum; blood-vessels all filled with blood. Upon laying open the cerebrum upon the left side, found a coagulum of blood near the centre as large as a goose egg. The structure of the brain was softened all about it for more than half an inch. There was evidence that the coagulum had existed a considerable length of time; in all probability had been there prior to her confinement. It is rare indeed that we meet with an instance in which a protracted and tedious labor is combined with such extensive lesion of the brain,—neither condition appearing to have any relation to the other. It is very instructive, too, illustrating fully the fact that so long as the disease is confined to the brain, convulsion can not be a consequence, even though attended by the exciting cause of severe labor. It is of interest, too, in regard to the teachings of the old authors. According to them, here was every condition fulfilled requisite for the development of puerperal convulsions. But instead, she suffered a severe and protracted labor without any symptoms of them. On the contrary, the first indication of disease of the nervous system was paralysis, the legitimate effect of disease of the brain. And not until the increase of the cranial contents produced counter pressure upon the upper portion of the intervertebral system did convulsions occur.

It would be interesting to follow out this discussion, but we have already drawn largely from this excellent paper, and proceed now to glance briefly at the treatment proposed.

First, as to blood-letting. Blood-letting is in the great majority of cases most urgently indicated, not only to relieve the blood-vessels of the brain, which would seem to be the chief reason urged by the authors quoted, but also and especially because of its sedative action on the spinal system, which is the true seat of puerperal convulsion. I say the majority of cases, because there is almost always great vascular fullness, a plethoric condition of the system, and it is in this condition that blood-letting is the most positive and decided sedative of spinal action that we possess. And this is a point which should be most distinctly understood, that blood-letting acts in two ways, one curative in

its effects on the spinal column, the other preservative in relation to the brain.

In fullness of the vascular system, then, blood-letting beside diminishing the impressibility of the *central* organ by rendering it less susceptible to incident irritation, relieves also the surcharged condition of the cerebral vessels, obviates partially the immense pressure to which those vessels are subjected during the fits, diminishes the danger of rupture and effusion, and removes the counter pressure upon the medulla oblongata. It is because of these prompt and marked effects that the remedy has been so uniformly recommended and practiced in all cases. But while it is often a sufficient remedy for simple convulsions, depending on a turgid state of the circulation, great discrimination and careful judgment are requisite, not only in limiting it within safe bounds, and in detecting indications for other treatment, but also for determining whether in some cases it will not be injurious instead of curative. If blood-letting is indicated for the reasons which have been mentioned, it is perfectly evident that it is contra-indicated, and would prove extremely dangerous, in cases where those reasons do not exist; that is, in delicate anæmic women, copious depletion would be an additional cause of convulsion, because, as has been shown, deficiency of blood is an irritant of spinal action. It is, however, too much the fact that the constant teaching of the books, combined with the absence of positive knowledge of the true seat and etiology of the disease, has led to the blind and indiscriminate routine of bleeding every poor patient perchance to,—I had almost said to death,—or perchance to life, as chance alone decides, the chief guide of practice being the continuation or cessation of the fits.

* * * * *

Bleed is the rule, absolute and imperative,—bleed,—bleed,—no matter what the condition of the patient. No effort is directed to discover any cause of spinal irritation, which should be removed; the patient has fits; therefore bleed her. No matter if the stomach is loaded with indigestible food, or the bowels with hardened feces. No matter if the bladder is distended to bursting. No matter what the state of the uterus, or what the condition of the vascular system, the rule is still arbitrary,—bleed boldly and fearlessly. Now this is rank and rash empiricism, and in the present state of physiological knowledge, inexcusable. And yet there can be no doubt that many practitioners, influenced by the teachings of the books, have carried depletion to a fatal excess, and even practiced it when it ought to have been altogether avoided. It cannot be questioned that if carried beyond proper limits, blood-letting is itself a cause of convulsions. Dr. Marshall Hall says, convulsion from loss of blood

constitutes one species of puerperal convulsion, and should be accurately distinguished from other forms of this affection, arising from intestinal or uterine irritation, and an immediate disease of the head. (On Blood-letting, p. 17.)

It would appear, then, that after the circulation is reduced, either by proper depletion or from other causes, to somewhat below par, blood-letting acts no longer as a sedative, but becomes itself a most certain irritant of the spinal system. The *continuance* of convulsions, therefore, is not a reliable indication for further bleeding; but the state of the circulation in the interval of the fits, is the only proper criterion, regard being had to the different effects of an engorged and an empty state of the spinal vessels.

So simple a means as causing the dilatation of the glottis by sprinkling cold water in the face, takes off a great amount of vascular pressure from the nervous centres. Every time the glottis is unclosed, the amount of venous blood in the system is lessened. The application of cold by means of a steady stream of water, or the douche to the head, or a steady stream to the spine, acts as a sedative to the nervous centres. Opium must be used with caution. In convulsions with a full state of the circulation, opium is a *stimulant* of the spinal marrow, and therefore contra indicated; while in convulsions with anæmia it is distinctly *sedative*, and may always be used beneficially.

The next point in the treatment, is the removal of what Dr. Hall calls the *eccentric* causes of the disease, namely, local causes of irritation in organs at a distance from the nervous centres—such as the stomach, the rectum, the bladder, the uterus, and the vagina.

We have occupied so much space with this *questio vexata* of the profession, that we shall be compelled to economize room in our notice of the remaining articles,

Dr. Charles L. Ives, of New Haven, furnishes an essay, being a *Sketch of Human Embryology*, illustrated by diagrams, and intended not so much to present any original views as to give a simple, concise, and intelligible account of the more prominent points of human embryology, which require, for their comprehension, a patient study of details in the larger physiological works. The essay is well illustrated, and gives a comprehensive and clear resumé of the subject of which it treats.

Dr. L. S. Paddock, of Norwich, contributes an excellent and well-digested paper on the treatment of the *Surgical Diseases of the Rectum*, omitting, however, any mention of the operation for the removal of hemorrhoids by the use of the *écraseur*.

The volume closes with biographical sketches of deceased members—a very commendable feature in the Transactions of this medical society.

The officers elected for the year were ASHBEL WOODWARD, President; J. G. BECKWITH, Vice-President; G. O. SUMNER, Treasurer; and P. M. HASTINGS, Secretary. To the latter gentleman we are indebted for a copy of the Transactions.

The *Tennessee State Medical Society* held its twenty-ninth annual meeting in Nashville, on the 6th, 7th, and 8th of April last. The President and Vice-President both being absent, Dr. J. W. Richardson was appointed President *pro tem*. The attendance of members seems to have been very small, and confined almost wholly to the profession of Nashville. We should judge from the minutes that some of the debates, especially that on the treatment of syphilis, were quite exciting. We trust they were as profitable as exciting.

Dr. T. L. Maddin read a theoretical essay before the society, on the manner in which death is caused by chloroform.

Dr. Eve gives the report of a case in which a set of three teeth, on a gold suction plate, were swallowed during sleep. The teeth were the two central and the right lateral incisors, the plate measuring one inch and a half in one diameter, and one inch and three tenths in the other. They lodged in the upper portion of the œsophagus, and after the failure of repeated efforts to remove them by mechanical means, they were finally dislodged by an emetic. On the fifth day, consequent on exposure to cold, inflammation supervened, and the patient died.

Dr. L. M. Woodson, of Sumner co., contributes an interesting case of *Disease of the Cerebro-Spinal Centres, characterized by constant Hiccough, followed by death*; and Dr. W. Moore, of Linwood, one on *Obstetric Medicine*; but we shall be obliged to defer any further notice of them to a future occasion. Dr. Winston's paper on the treatment of traumatic tetanus with opium, has already been noticed in a former number of the REPORTER.

ART. VII.—*Of Nature and Art in the Cure of Disease.* By SIR JOHN FORBES, M. D., D. C. L. (Oxon), F. R. S., Physician to the Queen's household, etc., etc. From the Second London Edition. Pp. 261. New York: Sam'l S. & Wm. Wood, 389 Broadway. Price \$1 00 free of postage.

Time was when Sir John Forbes would have received the major curse of the profession for publishing such a work as the one before us. Medical men of early times, taking their cue from the priest and oracular practitioners of still earlier ages, had been so accustomed to regard the practice of medicine as a *divine* art, and had instilled their own belief into the minds of the common people so successfully, that the enunciation of such doctrines as are contained in this little work would have been regarded as heretical in the extreme; they would consequently have been rejected, and their author "cast out." Herein we have one of the surest evidences of true medical progress, that conscientious practitioners of the healing art are yielding all the old notions of infallibility that hung around and mystified the treatment of disease; and are placing upon it its proper estimate, and judging it by its achievements rather than by its pretensions. This is the ground on which rational medicine now stands, though it must be confessed that there are good and honest practitioners of medicine who are slow to give up the ancient and honorable alliance of their art with "the gods;" and as to the public, they have become so accustomed to the belief, and, moreover, the mystification connected with it accords so well with the natural bent of the human mind, that no ordinary amount of schooling will be required to lead them to place a proper estimate upon the value of medicine, regarded as a *science*, and to discriminate between the honest practitioner and the mere pretender.

It is true, too, that there are conflicting forces at work upon the public mind; for, while rational medicine is endeavoring to divest both itself and the public from these antiquated and erroneous mystical notions, there is not wanting a vast army of pretenders who are leading the public willing captives back into the sloughs of mysticism, which the advancement and learning of the present age should by this time have effectually bridged over with materials more stubborn and unyielding than the cabalistic lore of ancient and modern defenders of the *jure divino* claims of the healing art. The minds that can teach that the strength of remedies is increased in a geometrical ratio to their subdivision and to the number of "shakes" they receive, and that such remedies can have any appreciable effect on the human constitution; and the

minds that receive such teaching, are not yet disenthralled from the errors and mysticisms that prevailed in regard to medicine two thousand years ago, no matter how enlightened they may be in other respects. However they may have kept pace with the world's progress in other matters, on the subject of medicine they still flounder in the mire of an age which in everything else the world has left very far behind.

Dr. Forbes in this work boldly advocates the true principles on which the science of rational medicine is based. He justly and gracefully yields many of its ancient most cherished pretensions, and teaches that medicine is the handmaid of, and not the lord over nature. Nor does he, in our view, go too far, and depreciate the claims of medicine below the actual position it properly holds, although in some things we freely confess we think he will be regarded by many as at least in advance of the age.

We trust that his book will be extensively circulated in and by the profession, for we think it well calculated to do much good, albeit the style is rather too philosophical for a majority of non-professional readers.

Dr. Forbes speaks of a lack in our medical literature which we conceive it would be impossible to supply, viz.: the Natural History of Disease. Disease exhibits itself to us, even among people of the most simple habits of life, modified by so many external and internal causes independent of any treatment, that we cannot see how its *natural* history could be studied, desirable as that would be. Still, the physician should study closely the manifestations of disease in their most uncomplicated forms, and make known the results of his observations, that a proper estimate may be placed upon the value of the therapeutical treatment of disease.

ART. VIII.—*Mind and Matter: or, Physiological Inquiries. In a series of Essays, intended to illustrate the Mutual Relation of the Physical Organization and the Mental Faculties.* By SIR BENJAMIN BRODIE, Bart. D. C. L., Vice-President of the Royal Society. With Additional Notes by an American Editor. New York: S. S. & W. Wood, 1858. Pp. 279. Price, \$1 00, free of postage.

SIR BENJ. BRODIE, in the form of a series of dialogues occurring between himself and two friends, here presents us his views concerning mind and matter. As he says, this method "seems to be specially adapted for inquiries of this description," for we may thus have not only the ideas of the author, but also those objec-

tions and opposing arguments which would naturally occur to every inquirer. It is most certainly a work of much interest, and will amply repay the reader for a careful perusal. The following remarks apply strongly to us as Americans: "Nevertheless, with all our boasted wisdom, and all our advance in knowledge, there are at the present day many who believe in things not supported by better evidence than these," (speaking of the African rain-makers, and the marble gods of the Athenians.) "There are epidemics of opinion as well as of disease, and they prevail at least as much among the well-educated as among the uneducated classes of society. The energy and sincerity of enthusiasts is powerful in all ages, and carries with it the conviction of that large portion of mankind who do not inquire or think for themselves. It is, indeed, a melancholy fact, that a great extension of education and knowledge does not produce any corresponding improvement in this respect. Still, in the end, good sense prevails. Error and deceptions last only for a time. Those which disgrace one age vanish, and are succeeded by those which disgrace the next. But a truth once established remains undisputed, and society, on the whole, advances."

Speaking of the influence of poisons, etc., upon the brain, he relates some interesting instances of dreams, and how they were produced. He then goes on to say:

"In cases such as these it is reasonable to suppose that the order of the phenomena is as follows: An impression is made on a nerve, and from thence transmitted to the brain, producing in its minute structure certain changes, which affect the mind itself. But there is no doubt that the same effect may be produced without the intervention of the nerves, by the blood acting on the brain. Bichat has shown that the influence of the scarlet or arterial blood is necessary to the due performance of the cerebral functions. If dark-colored or venous blood be substituted for it, and transmitted to the brain by the arteries, the animal lapses—I will not say into a state of unconsciousness, for of that we know nothing—but into a state of total insensibility to external impressions. This fact being established, we cannot be surprised that blood of an improper quality, or containing something which healthy blood should not contain, may disturb the functions of the brain so as even to affect the mind itself. The habitual opium taker, while his favorite drug is circulating in his vessels, instead of being asleep, is visited by soothing and luxurious thoughts, and enjoys the contemplation of the great things which he means to accomplish, but which he never accomplishes in reality; while the Malay, under the influence of the East India hemp, is thrown into a state of excitement, and runs a muck. A man has been exposed to the contagion of small-pox. A minute quantity of

the poison introduced into the blood acts as what the chemists call a ferment, and occasions the generation in it of a larger quantity of poison similar to itself; and when a certain degree of accumulation of it has taken place, there is a severe attack of fever, and the mind probably is haunted by the phantasms of delirium. After a time, the poison is ejected from the blood, and is found deposited in pustules on the surface of the skin, and simultaneously with the appearance of the eruption the fever subsides, and the delirium subsides with it. In a person who has the misfortune of inheriting a gouty habit, or who has (which is a much more common case) produced it in himself by a lazy and luxurious life, there is a superabundance of lithic acid in the blood. This fact has been established by the researches of Dr. Garrod. Then uncomfortable thoughts are presented to his mind; he becomes fretful and peevish, a trouble to himself, and, if he is not trained to exercise a moral restraint over his thoughts and actions, a trouble to every one about him. After a while, the poison, as it were, explodes: he has a severe attack of gout in his foot; he is placed on a more prudent diet; the system is relieved of the lithic acid by which it was poisoned. Then the gout subsides; happy and cheerful thoughts succeed those by which the patient was previously tormented, and these continue until he has had the opportunity of relapsing into his former habits, and thus earning a fresh attack of the disease."

This is one of many very interesting passages, and which, if we had room, we might go on quoting with a certain prospect of their proving of interest to our readers. The author writes in a manner which at once gives to his reader his opinion on the subject; nor does it require that earnest, almost strained attention so necessary in many books of this character, in order to catch the writer's idea. We have no circumlocution of words, but a plain common sense statement, which carries the reader along smoothly and naturally into the whole matter.

He disposes of the fallacies of Phrenology in a masterly manner, which, to the educated, observing reader, shows conclusively the miserable foundation upon which it has been built.

"Then, when I consider the evidence on which the determination of the seat of the several organs is founded, I can conceive nothing more fantastic or unsatisfactory, or more unlike that which is considered to be necessary to the formation of just conclusions in other sciences.

"Sometimes the seat of a particular organ is ascertained by a particular part of the head being warmer than the rest. It was thus that Dr. Gall was first led to detect the seat of the sexual passion in the cerebellum. But is it really the fact that one part of the head is warmer than another, if they are equally covered

or uncovered? Was it ever found to be so by a delicate thermometer? or is it at all probable that so much more heat should be generated in one portion of the brain than is generated in other parts, as to be perceptible through the bone and skin and the hairy scalp?

"The organ of philoprogenitiveness, by which parents are impelled to love their offspring, is said to be placed in the back part of the head, in the posterior lobes of the cerebrum, immediately above the cerebellum. Now observe in what manner this discovery was effected. Dr. Gall found a protuberance in this part of the heads of women, and for five years he meditated on the subject, but could advance no farther. At last he discovered a similar protuberance in the heads of monkeys. The question then arose, what is there in common between women and monkeys? At this point he obtained the assistance of a clergyman, who observed that monkeys are very fond of their offspring, and thus solved the difficulty; the conclusion at which he had arrived being afterwards confirmed by the following circumstance:—A woman, in whom this part of the head was unusually prominent, being ill of a fever, and (we may suppose) delirious, believed herself to be pregnant with five children."

The believer in Phrenology may consider that he has had no chance here to defend the "science," but we assure him that on a perusal of the work he will find that he has been fully represented, and his arguments answered in the dialogue which follows.

We do not think we have read with more pleasure any similar work; and the profession should feel indebted to the Messrs. Wood for the publication of it in this country. Though a small and unpretending volume, it is one which should be found in the library both of the physician and naturalist, and, in fact, may be read with advantage by any lover of nature or inquirer after truth.

ART. IX. *A Treatise on the Practice of Medicine.* By George B. Wood, M. D., Prof. of the Theory and Practice of Medicine in the University of Pennsylvania, etc. etc. *Fifth Edition.* In two volumes, pp. 888 and 904. Philadelphia: J. B. Lippincott & Co., 1858.

Former editions of this truly national work having been noticed in this journal, it is unnecessary for us to introduce this with any extended remarks. In his preface to the first edition, Dr. Wood promised that if the work should have the good fortune to reach a second edition, he would correct any defects that a just and candid criticism might point out, and no one who

knows the author, or who has had opportunities of examining the successive editions that have been issued doubts that he has not only done this, but that he has also availed himself of the opportunity that the issue of new editions has afforded him of bringing his work fully up to the position of the science of medicine at the time of issuing each edition. We notice a considerable augmentation in the size of the edition before us over the last, notwithstanding the entire omission of the section on "general therapeutic processes" which has been transferred to the author's work recently published, on "Therapeutics and Pharmacology."

We congratulate the profession on the issue of this new edition of so important a work. Those possessing the earlier editions, should procure this, if they desire to keep pace with the progress of medical science.

We have received from the publishers, Lindsay & Blakiston, a new edition of *Morris on Scarlet Fever*, *Tanner's Practice of Medicine*, and a copy of the *Visiting List* for 1859. They will be noticed hereafter.

EDITORIAL.

A WEEKLY MEDICAL JOURNAL.

Our readers are aware that we have, for many years, advocated the publication of a weekly medical journal in this latitude, and that we have had serious thoughts several times, as announced in our pages, of changing the *REPORTER* to a weekly. We however, had our doubts of the expediency of the plan while the *REPORTER* was issued from Burlington, N. J., and never undertook it. All objections being overcome by our removal to this city, we purpose now to carry out our long cherished and favorite idea.

Beginning, therefore with the 1st of October, we shall issue the *REPORTER* weekly, and hope to be able to make it such a weekly journal as has never before been attempted in this country. We are fully aware that many attempts have been made to establish weekly journals, and that none have succeeded except in the case of the *Boston Medical and Surgical Journal*. Several such

attempts have been made since we have edited the REPORTER. Nevertheless, we go into the enterprise with great faith in its ultimate *eminent success*. We have for many years been intimately associated with the profession of our country:—no pent up Utica has contracted our bounds of observation: we know the profession well from Maine to Texas, and from the Atlantic to the Pacific, and we believe that a well ordered weekly journal issued from this city representing *the profession, and that only*, will be well received, be a success, and accomplish much good, both in and for the profession.

We have some advantages in commencing such an enterprise. Residing in a city that has long been the recognized medical centre of our country, a city of large population, and consequently well supplied with hospitals, and other medical charities, from which matter can be obtained for clinical reports, we can furnish much *home material* for our pages. Again we have had considerable editorial experience from which to draw in the future: are well acquainted with the profession of our country, and believe we have an established reputation as journalists of which we have some reason to be proud. This is not begun as a *new* enterprise by persons unknown to the profession as journalists, but we have to begin with, a remunerative list of subscribers, *all* of whom we believe we may claim as personal friends. Under such auspices therefore, we repeat, that we begin the enterprise with strong faith in its ultimate eminent success.

There are many good and weighty reasons why the 1st of October will be a proper time to inaugurate our weekly enterprise. We shall therefore begin a new series and volume at that time, and have with this number published the title page and index of the eleventh volume, thus anticipating three months. Of course, subscribers who have paid for the current year will be served with the weekly till the first of January.

With these observations, we throw ourselves upon the profession, merely announcing that the Prospectus of the weekly will be issued shortly, and widely distributed.

STUDENT'S NUMBER.

The first number of our weekly will be a student's number, containing such information as will be of value to the students

who resort to this city to pursue or complete their medical studies. We solicit from medical colleges, private teachers, &c., such information as will enable us to make a perfect record of the advantages offered by Philadelphia to medical students.

PROFESSIONAL AND EDITORIAL COURTESY.

We are sorry to have occasion to animadvert on an attack in the August number of the Nashville Journal of Medicine on Dr. Gross of this city. We fail to see that the ostensible ground for the attack was sufficient to justify it, and are disposed to think that it was rather prompted by opposition to the school interests of this city, than by anything that Dr. Gross has done personally to merit so much attention at the hands of the Nashville Journal. If that Journal has any private grievances in connection with the *Jefferson Medical College*, we respectfully submit that it take the faculty and trustees to task *in a body*, and not single out one of the professors and make him the scape goat for the rest.

THE COLLEGES.

The Faculties of the various medical colleges throughout the country, are mustering their forces for the fall and winter campaign. As usual there are many changes to note; we have new colleges, new professors, resignations, appointments, &c. These we shall note so far as they have come under our observation.

In this city we have but two changes, which have already been recorded, viz. Dr. Samuel H. Dickson in the chair of Theory and Practice in the Jefferson Medical College, *vice* Dr. J. K. Mitchell deceased, and Dr. J. H. B. McClellan, in the Pennsylvania College, *vice* Dr. T. G. Richardson, elected to the chair of Surgery in the University of Louisiana (not the "New Orleans School of Medicine," as we erroneously announced.)

In Savannah, Ga., there are two Medical Schools, each represented by a journal, and each having, we believe, a full and efficient faculty.

A second school has been organized in Nashville, Tenn., under the title of the Shelby Medical College, with the following Faculty. Dr. John F. May, of Washington city, Professor of Surgery; Dr. E. B. Haskins, Professor of Theory and Practice; Dr. John P. Ford, Professor of Obstetrics; Dr. S. L. Maddin, Professor of

Anatomy; Dr. John H. Callender, Professor of *Materia Medica*; Dr. R. O. Curry, Professor of Chemistry; Dr. Daniel F. Wright, (late of the Memphis Medical School) Professor of Physiology; and Dr. H. M. Compton, Demonstrator of Anatomy. Some of these names are familiar to the profession, in their several departments, and the faculty, so far as we can judge is a well-appointed and able one. We wish it success, and hope that its rivalry with the Nashville School will be an honorable one.

In the New Orleans School of Medicine, Professor Thos. Peniston, M. D., has resigned the chair of Clinical Medicine, &c., in consequence of ill-health, and the vacancy has been filled by Professor Austin Flint, M. D., of Buffalo, N. Y., and late of the Buffalo School.

Professor Daniel F. Wright, M. D., formerly of the chair of Physiology in the Memphis Medical College, has been elected to the same chair in Shelby Medical College, Nashville, Tennessee.

In the Medical Department of the University of Maryland, Dr. Chas. Frick has been elected to fill the chair of *Materia Medica* and Therapeutics, vacated by the appointment of Professor Miltenberger, M. D., to the chair of Obstetrics, Professor Thomas having resigned that chair on account of ill-health.

In the Maryland College of Pharmacy, the chair of *Materia Medica* has been filled by the election of Dr. Francis Donaldson.

The chair of Pathology and Clinical Medicine in the Missouri Medical College, has been filled by Dr. McMarten of St. Louis, Professor S. G. Armor, M. D., having resigned.

Dr. Hunt of Buffalo, has retired from the medical profession,—a sad loss indeed! The vacancy thus created in the Buffalo Medical School, has been filled by the appointment of Dr. Nichols, formerly the Demonstrator of Anatomy. Dr. A. Flint, Jr., fills Dr. Hunt's place as editor of the Buffalo Medical Journal.

Dr. B. L. Jones, of Georgia, has been elected to the chair of Chemistry in Oglethorpe Medical College, and Dr. F. Colzey, to that of Physiology.

In the faculty of the University of Louisville, a complete change has taken place. It stands thus. Dr. L. P. Yandell, Professor of Physiology, &c.; Dr. B. R. Palmer, Professor of Surgery; Dr. J. L. Smith, Professor of Chemistry and Toxicology; Dr. R. J. Breckenridge, Professor of *Materia Medica*; Dr. J. B. Flint,

Professor of Clinical Surgery; Dr. T. S. Bell, Professor of Practice of Medicine; Dr. L. Powell, Professor of Obstetrics; Dr. J. W. Benson, Professor of Anatomy; Dr. S. M. Bemiss, Professor of Clinical Medicine; Dr. A. B. Cook, Demonstrator of Anatomy.


THE JOURNALS.

Dr. S. W. Gross, has become associated with his father Dr. S. D. Gross, in the editorial conduct of the *N. A. Medico-Chirurgical Review*, *vice*, Dr. T. G. Richardson, removed to New Orleans. We welcome Dr. Gross into the ranks.

Dr. J. W. Hamilton, Professor of Surgery in the Starling Medical College, Columbus, Ohio, has become associate editor and proprietor of the *Ohio Medical and Surgical Journal*.


Dr. Edward Warren of Edenton, has issued the first number of the "*Medical Journal of North Carolina*." We have long looked for this journal. We welcome Dr. Warren to this bed of thorns in the spirit that would have actuated Lawrence the martyr in welcoming a fellow martyr to a place on—the spit: Of course the profession of the "*Old North State*," proverbial for the public spirit of its inhabitants, will give the enterprise a hearty support.

By the way, what has become of the "*Memphis Medical Recorder*," and the "*Southern Journal of the Medical and Physical Sciences*?" We have not yet seen the "*Savannah Journal of Medicine*," or the "*North Carolina Journal*," and but one or two numbers of the "*Pacific Journal of Medicine*."


 The Massachusetts Medical Society offers a prize of one hundred dollars for the best dissertation on the following theme: "*To what affections of the lungs does bronchitis give origin?*"

The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburg, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review*, for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation will be broken and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.

 We hasten to announce that we have just received a telegraphic dispatch from Nashville, Tenn., (via. "the cable,") announcing that a new medical journal is to be started in Nashville to be called the "Shelby Medical Journal." Of course it will represent "the Shelby Medical College." Our despatch is not "by authority," nor does it announce the name of the editor. We trust that whoever he may be he is "used to skinning," for Dr. Bowling is whetting his knives. There will be a "warm time" down there when *that* journal comes out.

P. S. Since the above *jeu d' esprit* was penned we have received the first number of the *Nashville Medical Recorder*, being a union of the Memphis Medical Recorder and Southern Journal of the Medical and Physical Sciences, and edited by Drs. Daniel F. Wright, and R. O. Curry, the former editors of those Journals, now professors in the Shelby Medical College. The Recorder "represents" that college. Success to it!

 Why are many of our Medical Colleges like Churches? Because they have their *organs*.

EDITORIAL CORRESPONDENCE.

Boston, Aug. 17th, 1858.

MASSACHUSETTS GENERAL HOSPITAL.—Since my last another change has been made at the Massachusetts General Hospital, in the appointment of Dr. Francis Minot as Visiting Physician, in place of Dr. D. H. Storer, who resigned. Dr. Minot belongs to your profession as well as to ours, being one of the editors of the *Boston Medical and Surgical Journal*. There was some struggle, it is said among outsiders, to have another appointed, but the profession will be satisfied as the affair stands.

Why has the *concours* system never been introduced in this country? It would save a vast amount of log-rolling, and

trustees would not have their feelings and consciences so hardly taxed. A vacancy at a hospital, or in a medical school staff, is now the cause of a regular attack upon the Boards of Trustees. The nominating committee of a political caucus are not in a position to be more thoroughly annoyed, and as a necessary consequence the opinions of friends and not of the profession are generally consulted.

GALVANISM AND TEETH.—Have you seen the application of the galvanic current in producing anæsthesia? It is worth looking into. Codman of this city tells me, that the demand for electro magnetic batteries to be used while extracting teeth is very great. The current certainly does benumb the nerve of the tooth and the periosteum to a very great extent. I know of one gentleman, who bought a battery to carry into the country with him, in the hope that his physician would buy it. If not, he says, he will keep it for his own use when he wants another tooth extracted.

If a tooth can be taken out without pain, with such a contrivance, why may not an arm be removed equally painlessly?

CLERGYMEN AND PHYSICIANS' FEES.—In your August number you have an article on this subject. You give the average salaries of the clergymen of the Pittsburg Conference as \$367 90 per annum. How does that compare in amount with the salaries of all clergymen of the sects indiscriminately? Is it not the fact, that as a body, with very much smaller expenses, their incomes are larger than those of our profession? Is there one physician out of ten the country through, who does not do his share in supporting the clergy? And is there one clergyman out of five the country through, who, by example or by precept, by prescription indeed, who does not do all in his power to encourage quackery of the most vile character? In the large cities, where the clergy receive the largest salaries, there is probably the least of this, but even there they do not all do by their medical brethren as they would be done by. I believe it to be true to the fullest extent, that if the clergy would cease their efforts in behalf of quacks and quack medicines, that Cherry Pectoral and

Anti-Phlogistic Salts would die out. Excuse me: in Massachusetts it would perhaps be necessary to abolish the office of State Assayers, who *assay* everything from gas stoves to Bourbon whiskey.

CORONERS.—Every time that a new machine is brought forward, some of the mechanics whose business it will interfere with, make a great outcry about the danger of their being starved. The fact is, that every new machine, if it can do its work, only increases the demand for labor. Some years ago his Excellency, the Governor, saw fit to appoint a Medical Coroner. He evidently thought that a medical man could best decide about the propriety of an inquest, and the necessity of a post-mortem. The coroners already in office [Bumble—the Beadle-sort-of-men,] were in a terrible stew, because they were to lose their occupation. But how mistaken! The coroners' work began to increase and we can almost count coroners by the score now. It is now getting to be the fashion to advertise one's coronership on his medical card. You may soon expect to see some one of these gentlemen advertise as follows: "N. B. Gentlemen and ladies intending suicide are invited to notify Dr. X. at least one hour beforehand to prevent delay." I have been hoping for a change in the executive of the Commonwealth, but on the whole shall favor the present incumbent, because he has appointed all his medical friends as coroners, and we have enough.

The story that two of these gentlemen stuck their cards at the same time upon different parts of the same body to prove priority, is not correct. It is believed that one of them seeing that his competitor was likely to distance him, turned in another direction where he was sure of an inquest, thus dividing work fairly, and preventing one jury from charging two day's attendance at the same time.

Yours,

C. E. B.

NECROLOGY.

DIED, in Reading, Pa., on Monday morning, August 2d, Dr. JOHN B. OTTO, in the 73d year of his age.

Dr. Otto was born in Reading, December the 20th, 1785. Making choice of the medical profession, he prosecuted his studies in Philadelphia as the student of Dr. Wistar, and after an attendance of three seasons at the Pennsylvania Hospital, and also the regular course of lectures in the University of Pennsylvania, he graduated in the year 1808, when such men as Rush, Physick, Wistar, Shippen, Barton, and Woodhouse were professors. He settled in his native town, where for half a century he continued the practice of medicine, occupying a distinguished position in his profession, and widely dispensing benefits by his ready attendance upon all, without distinction, who needed his services. For a short time during the last war with Great Britain, he acted as surgeon in the army, and was with the troops at York and Baltimore, but soon returned, on the restoration of peace, to his family and home. Possessed of a vigorous constitution, and given to habits of great activity, he continued in the enjoyment of good health, until within a very few years of his death, and even until within the last few months, was able to attend to some of the duties of his profession. But the mighty Conqueror at last prevailed.

The deceased belonged to a class of men which, it is to be feared, is fast disappearing from among us. He was a gentleman of the old school,—one who despised a mean act, and prized principle more than money. He would sooner have suffered any wrong than to inflict an injury. Singularly inoffensive and peaceful in disposition and life, he has gone to the grave without the ill-will of a living being. Unostentatious in manners, and unambitious in aim, year after year he pursued his round of visitation to the sick and dying, doing what skill and assiduous attention could to relieve suffering and heal disease. Perhaps no man has ever lived and died in Reading, who conferred more substantial good on so great a number, or who received less in return for the good bestowed. It is speaking in moderation to say, that the services rendered gratuitously to the poor, if they had been repaid in money, would of themselves have constituted an estate: but he had a richer reward—"the blessings of them that were ready to perish, fell upon him." Few duly appreciate the value of a good physician, and the many who, for so long a

term of years, enjoyed his services, often without compensation, know not how much they owe him. If he has left no proud monument of marble, or of stately works reared to commemorate his name, his memory will be dear to multitudes to whom he ministered in sickness and suffering.—*Reading paper.*

SELECTIONS.

Some Topical applications employed at the Hopital Saint Louis, Paris, for Eczematous and Impetigenous Eruptions.

DERMATOLOGY has, perhaps, longer than any other branch of practical medicine, felt the effects of the doctrine of Broussais. Imbued with the opinions of this reformer, physicians have for a long time persisted in combating, by local antiphlogistic treatment the eczematous and impetigenous eruptions, which constitute the greater part, and, as it were, the type, of skin diseases. So long a perseverance in an exclusive and eminently unsuccessful line of treatment is doubtless naturally to be explained by the really inflammatory character which these affections exhibit during a certain phase of their course; but if it be true that emollients are useful in this early period, the inefficacy is soon perceived after the disease has been some little time established. Hence the return to astringent and escharotic applications, much abused by former practitioners, and especially by empirics, but which have been too much neglected during a long series of years.

M. Gibert has, more than any other dermatologist, aided in restoring this mode of treatment, and in regulating and methodizing its employment. Among the first of the astringent remedies, so useful in the treatment of eruptions on the skin, he places the resinous and empyreumatic substances, which were so much employed by the ancients. Purified tar, combined with lard, in the proportion of from one to three parts to thirty of the excipient, is in daily use in the wards of Saint-Louis as the best resolvent for scaly eruptions, and a valuable desiccative in chronic eczematous and impetigenous eruptions. Since the introduction of glycerin into therapeutics, he employs this substance as excipient, in preference to lard. To facilitate its use, M. Gibert applies the mixture, thickened with starch, in the form of a pomade, according to the method of M. Garot, and this has the advantage over the ordinary pomades, made with greasy excipients, that it can be easily washed off. The formula ordinarily employed in the wards is as follows: Glycerin, one fluid ounce; purified tar, half a fluid

drachm; warm the mixture, and add enough powdered starch to make a homogeneous paste, of moderate consistence.

This preparation relieves itching, heals excoriations, dries up secretions and dispels redness. Hence under its influence eczema rubrum, impetigo, intertrigo, prurigo of the scrotum and of the anus, acne rosacea, and sub-inflammatory mentagra, are modified in the most favorable manner.

M. Gibert also frequently employs another resinous product, well known within a few years past, the *oil of cade*. The empyreumatic properties which this resinous oil possesses in a much greater degree than tar, are such that it can rarely be employed pure. M. Gibert commonly mixes it with the oil of sweet almonds, or with cod-liver oil. A mixture is employed in his wards under the name of *huile cadée*, composed of two parts of cod-liver oil and one of cade oil, which possesses, according to this skilful practitioner, very efficacious resolvent and siccative properties. Under the use of this application, he has seen cases of eczema cured, in which the excoriated and secretory patches had remained stationary for many months, notwithstanding the employment of sulphur, both externally and internally.

In the obstinate pruriginous, papular and eczematous eruptions of the anus and genitals, which are so often the source of despair both to the patient and the physician, M. Gibert has especial reason to congratulate himself on the employment of the oil of cade. In such cases he combines with it the assiduous use of cold hip baths, and, by way of modifying the diathesis upon which the eruption depends, the internal administration of the arsenical solution of Dr. Boudin, modified as follows: distilled water, Oiss.; arsenious acid, gr. i. Make a hot solution, to be divided into six phials; half a phial to be taken every morning, fasting, in a glass of chicory-water sweetened with honey. Under this treatment M. Gibert states that he has seen eruptions cured in a few weeks which had lasted for several years, and which had resisted mineral waters and many other kinds of medication.—*Boston Med. and Surg. Journal*.

Respect your own Profession.

Respect your own profession! If Sir Astley Cooper was ever called to let off the impure ichor from the bloated limbs of George the Fourth, it was the king that was honored by the visit, and not the surgeon. If you do not feel as you cross the millionaire's threshold that your art is nobler than his palace, the footman that lets you in is your fitting companion, and not his master. Respect

your profession, and you will not chatter about your "patrons," thinking to gild yourselves by rubbing against wealth and splendor. Be a little proud—it will not hurt you; and remember that it depends on how the profession bears itself, whether its members are the peers of the highest, or the barely tolerated operatives of society, like those Egyptian dissectors, hired to use their ignoble implements, and then chased from the house where they had exercised their craft, followed by curses and volleys and stones. The father of your art treated with a monarch as his equal. But the barber surgeon's hall is still standing in London. You may hold yourselves fit for the palaces of princes, or you may creep back to the hall of the barber surgeons, just as you like. Richard Wiseman, who believed that a rotten old king with the corona Veneris encircling his forehead with its copper diadem, could cure scrofula by laying his finger on its subject—Richard Wiseman, one of the lights of the profession in his time, spoke about giving his patients over to his "servants" to be dressed after an operation. We do not count the young physician or the medical student as of menial condition, though in the noble humility of science to which all things are clean, or of that "entire affection" which, as Spenser tells us, "hateth nicer hands," they stoop to offices which the white-gloved waiter would shrink from performing. It is not here, certainly, where John Brooks—not without urgent solicitation from lips which still retain their impassioned energy—was taken from his quiet country rides, to hold the helm of our imperial state; not here, where Joseph Warren left the bedside of his patients to fall on the smoking breastwork of yonder summit, dragging with him, as he fell, the curtain that hung before the grandest drama ever acted on the stage of time—not here that the healer of men is to be looked down upon from any pedestal of power or opulence!

If you respect your profession as you ought, you will respect all honorable practitioners in this honored calling. And respecting them and yourselves, you will beware of all degrading jealousies, and despise every unfair art which may promise to raise you at the expense of a rival. How hard it is not to undervalue those who are hotly competing with us for the prizes of life! In every great crisis our instincts are apt suddenly to rise upon us, and in these exciting struggles we are liable to be seized by that passion which led the fiery race horse, in the height of a desperate contest, to catch his rival with his teeth as he passed, and hold him back from the goal by which a few strides would have borne him. But, for the condemnation of this sin, I must turn you over to the tenth commandment, which, in its last general clause, unquestionably contains this special rule for physicians—Thou shalt not covet thy neighbor's patients.

You can hardly cultivate any sturdy root of virtue, but it will bear the leaves and flowers of some natural grace or other. If you are always fair to your professional brethren, you will almost of necessity encourage those habits of courtesy in your intercourse with them which are the breathing organs and the blossoms of the virtue from which they spring.—*Valedictory, by Oliver Wendell Holmes, M. D., from Boston Med. & Surg. Journal.*

Analysis of Milk and Flour. By M. E. MONIER.

If into milk diluted with water and acidulated, a solution of cameleon-mineral is slowly dropped, the beautiful color of the mineral is seen to disappear. The study of the re-action shows that it is due to the caseine and albumen, and not to the butter or sugar.

Take 10 cubic centimetres (about one-fifth of a pint) of milk, and bring it to a temperature of from 113° to 122° . Prepare a liquor containing 2 per cent. of albumen, and ascertain the volume of the solution of cameleon which is all that is necessary to produce a given tint in this liquid. Dilute and acidulate the milk with some acid which will not coagulate either the albumen or the caseine, and determine the quantity of the cameleon solution necessary to produce in it the same tint which has been produced in the standard liquor. A simple proportion will then give the quantity of albumen and caseine contained in the milk.

Take another equal quantity of the milk at the same temperature as before, and by a drop of acetic acid coagulate the caseine, which will carry the butter with it. Filter the whey, wash it well, acidulate it, and determine the quantity of cameleon necessary to produce the standard tint in it. Equal weights of caseine and albumen decompose equal volumes of the solution of cameleon. Hence, by subtracting the weight of the albumen from that at first determined, the weight of the caseine will be found. The butter may then be found by subtracting the weight of the caseine from that of the dried curd, (or if greater accuracy is required, it may, of course, be extracted by ether.)

The mode of analyzing flour rests upon these principles:—

1st. That the azotized principles are totally soluble in dilute hydrochloric acid.

2d. That the solution of cameleon is decomposed by these azotized matters.

3d. That the non-azotized matters, (starch, dextrine, &c.,) have no action on it.

M. Monier uses a standard flour which has been carefully analyzed and kept in close stoppered bottles from air and moist-

ure. 0.3 grms. ($4\frac{1}{2}$ grains,) of this flour is put into a matrass and boiled for a few moments with diluted hydrochloric acid. The same is done with an equal quantity of the flour to be tested; the liquids are added to equal quantities of the solution of cameleon until the same tint is obtained, and as the azotized matter of the standard flour is known, that of the sample is obtained by simple proportion.

The non-azotized principles are determined by thoroughly drying the flour and subtracting from its weight that of the azotized matters.

Legumine re-acts upon the cameleon like albumen, whilst the vegetable alkalies, milk, &c., have no action.—*Comptes Rendus, from Journal of Franklin Institute.*

Conversation in the Sick Room.

Your conduct in the sick room, in conversation with the patient or his friends, is a matter of very great importance to their welfare and your own reputation. You remember the ancient surgical precept—*Tuto, cito, jucunde*. I will venture to write a parallel precept under it, for the manner in which a medical practitioner shall operate with his tongue; a much more dangerous instrument than the scalpel or the bistoury. *Breviter, suaviter, caute*. Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children; you think little of them, but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be sent for to clean out the stomach you have so unwittingly filled with trash; a task not so easy as it was to give them the means of filling it.

The forming of a diagnosis, the utterance of a prognosis, and the laying down of a plan of treatment, all demand certain particular cautions. You must learn them by mistakes, it may be feared, but there are a few hints which may not be the worse for hearing.

Sooner or later, everybody is tripped up in forming a diagnosis. I saw Velpeau tie one of the carotid arteries for a supposed aneurism, which was only a little harmless tumor, and killed his patient. Mr. Dease, of Dublin, was more fortunate in a case which he boldly declared an abscess, while others thought it an aneurism. He thrust a lancet into it, and proved himself in the right. Soon after, he made a similar diagnosis. He thrust in his lancet, as

before, and out gushed the patient's blood and his life with it. The next morning Mr. Dease was found dead and floating in his own blood. He had divided the femoral artery. The same caution that the surgeon must exercise in his examination of external diseases, the physician must carry into all his physical explorations. If the one can be cheated by an external swelling, the other may be deceived by an internal disease. Be very careful; be very slow; be very modest in the presence of nature. One special caution let me add: If you are ever so accurate in your physical explorations, do not rely too much upon your results. Given fifty men with a certain fixed amount of organic disease, twenty may die, twenty may linger indefinitely, and ten may never know that they have anything the matter with them. I think you will pardon my saying that I have known something of the arts of direct exploration, though I wrote a youthful essay on them, which, of course, is liable to be considered a presumption to the contrary. I would not, therefore, undervalue them, but I will say that a diagnosis which maps out the physical condition ever so accurately, is, in a large proportion of cases, of less consequence than the opinion of a sensible man of experience, founded on the history of the disease, though he has never seen the patient.

And this leads me to speak of prognosis and its fallacies. I have doomed them, and seen others doom, over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they liked, and some of them are living still. I see two men in the street, very often, who were both as good as dead in the opinion of all who saw them in their extremity. People will insist on living, sometimes, though manifestly moribund. In Dr. Elder's life of Kane you will find a case of this sort, told by Dr. Kane himself. The captain of a ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present to take care of them. An old lady in this city, near her end, got a little vexed about a proposed change in her will; made up her mind not to die just then; ordered a coach; was driven twenty miles to the house of a relative, and lived four years longer. Cotton Mather tells some good stories which he picked up in his experience, or out of his books, showing unstable equilibrium of prognosis. Simon Stone was shot in nine places, and as he lay for dead the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time. Jabez Musgrove was shot with a bullet that went in at his ear and came out at his eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years. Per contra, Colonel Rossiter, cracking a plum-stone with his teeth, broke a tooth and lost his life. We have seen physicians dying,

like Spigelius, from a scratch; and a man who had had a crowbar shot through his head, got well. These extreme cases are warnings. But you can never be too cautious in your prognosis, in view of the great uncertainty of the course of any disease not long watched, and the many unexpected turns it may take.—*Holmes' Valedictory*, 1858.

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